

**MMO SUMMER CAMP – 2026 REGISTRATION FORM
FULL-TIME
(BUMBLEBEES/ DRAGONFLIES)**

For children who were at least 36-48 months in Sept. of 2025

Limited Extended Care hours are available at \$25.00/hr. by reservation only:
email info@mmoprograms.org or call our office, 973-744-6521

**Please note that Summer Fridays will begin on June 26th. MMO will close at 5 PM every Friday during summer camp.
Choose a minimum of at least 3 weeks to register**

Child's Name _____ Birth Date ___/___/___

Parent/Guardian Names: _____

Parent #1 Phone _____ Parent #2 Phone _____

Mark your choice of Weeks

Monday through Friday – **7:30 AM to 6:30 PM**

Check the weeks you would like your child to attend. *Registration does not guarantee availability.*

_____	WEEK 1: JUNE 15 - JUNE 18 (closed June 19)	\$630.00
_____	WEEK 2: JUNE 22 – JUNE 26	\$700.00
_____	WEEK 3: JUNE 29 - JULY 2 (closed July 3)	\$630.00
_____	WEEK 4: JULY 6 - JULY 10	\$700.00
_____	WEEK 5: JULY 13 - JULY 17	\$700.00
_____	WEEK 6: JULY 20 – JULY 24	\$700.00
_____	WEEK 7: JULY 27 – JULY 31	\$700.00
_____	WEEK 8: AUGUST 3 – AUGUST 7	\$700.00
_____	WEEK 9: AUGUST 10 – AUGUST 14	\$700.00
_____	WEEK 10: AUGUST 17 – AUGUST 21	\$700.00

TOTAL AMOUNT DUE: _____

(OVER)

To register your child, please complete and return this form. NO REFUNDS will be issued unless the requested dates are unavailable.

Once completed, please snap a photo or make a copy of the front side of this registration form with your preferred dates marked

To be completed if child is not already enrolled at MMO:

Child's Street Address _____

Town & Zip _____

Parent #1 email address _____

Parent #2 email address _____

Does your child have a medically diagnosed allergy? NO _____ YES _____

If so, to what? _____ If yes, we will need an allergy action plan signed by a physician, appropriate medications, and completed consent forms with clear instructions for each medication.

Payment Method:

Cash Check Brightwheel (current families only)

Parent signature: _____ Date: _____

Return form and payment to:

MMO Programs

40 South Fullerton Avenue

Montclair, NJ 07042

(Make check payable to MMO Programs)

For additional information: call 973-744-6521 or email info@mmoprograms.org

For office use only:

Payments received:

Date _____ Amount _____ Method _____

Family notified of schedule _____