

MLCS & CDC FOB ORDER FORM - \$10.00 Each Fob

Name of Child _____ Grade/Classroom _____

Teacher _____

Fob 1 Name _____ Relationship _____

Phone Number _____

E-Mail _____

Address _____

Fob 2 Name _____ Relationship _____

Phone Number _____

E-Mail _____

Address _____

Fob 3 Name _____ Relationship _____

Phone Number _____

E-Mail _____

Address _____

Fob 4 Name _____ Relationship _____

Phone Number _____

E-Mail _____

Address _____

Total

| Office Only |
|-------------|
| Fob Number |
| |
| |
| |
| |

Make Checks out to MLCS

Amount Enclosed _____ Check # _____

Cash _____

Bill me on my next monthly invoice _____

Childcare Only - Please spread out over the next 2 Months _____

This is a use fee and is NON-REFUNDABLE