

# First Baptist Church of Clarendon Child Development Center

## 2015-2016 Day Camp Registration Form

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Completed: (K,1,2,3,4) \_\_\_\_\_

Address: \_\_\_\_\_

### Family Information

Mother's Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_

### Enrollment

**Please enroll my child for the following day(s):**

Registration Fee:       **\$ 00.00**

Tuition Fee:           **\$ 95.00 Per Day** Non-Refundable

_____ October 9	_____ February 1
_____ November 3	_____ March 4
_____ November 11	_____ April 18

**I have read the Day Camp Policies and Procedures carefully, and accept them as terms of enrollment for my child. I accept responsibility for payment for the day(s) indicated above.**

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_