

First Baptist Church of Clarendon Child Development Center

2016-2017 Day Camp Registration Form

Child's Name: _____

Date of Birth: _____ Current Grade: _____

Address: _____

Family Information

Mother's Name: _____

Home/Work/Cell Phone: _____

Place of Business: _____

Mom's E-Mail: _____

Father's Name: _____

Home/Work/Cell Phone: _____

Place of Business: _____

Dad's E-Mail: _____

Enrollment

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

Registration Fee: **\$ 00.00**

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

_____ October 6

_____ February 3

_____ October 7

_____ March 3

_____ November 8

_____ April 17

_____ December 22

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: _____