

First Baptist Church of Clarendon Child Development Center

2017 Spring Break Camp Registration Form

Child's Name: _____

Birthdate: _____ Current Grade: (K,1,2,3,4) _____

Address: _____

Family Information

Mother's Name: _____

Phone/email: _____

Place of Business: _____

Mom's Work Phone: _____

Father's Name: _____

Phone/email: _____

Place of Business: _____

Dad's Work Phone: _____

Enrollment

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

Tuition Fee: **\$315.00** Non-Refundable – Due by Friday March, 31 2017

\$395.00 Non-Refundable 5 day option-Due by Friday March, 31 2017

April 10-13 Monday April 17 can be added as a 5 day option.

I have read the Summer Camp Policies and Procedures carefully, and accept them as terms of enrollment for my child. I accept responsibility for payment for the weeks indicated above.

Parent's Name: _____

Parent's Signature: _____