

# First Baptist Church of Clarendon Child Development Center

## 2017 Summer Day Camp Registration Form

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

Birthdate: \_\_\_\_\_ Grade Completed: (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: \_\_\_\_\_

**Child's Swimming Ability: (i.e. lessons)** \_\_\_\_\_

(Please note: The CDC Summer Camp does not provide swimming lessons for the children.)

### Enrollment

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

Registration Fee:       **\$ 75.00**        Non-Refundable – Due by Monday May 1, 2017

Tuition Fee:           **\$ 395.00**        **Per Week** (T-Shirt Included), Non-Refundable – Due by Friday June 2 2017

\_\_\_\_\_ June 26 – June 30

\_\_\_\_\_ July 17- July 21

\_\_\_\_\_ August 7- August 11

\_\_\_\_\_ July 3 – July 7 (4 day)

\_\_\_\_\_ July 24 –July 28

\_\_\_\_\_ August 14- August 18

\_\_\_\_\_ July 10 – July 14

\_\_\_\_\_ July 31– August 4

\_\_\_\_\_ August 21- August 25

**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: \_\_\_\_\_