

# First Baptist Church of Clarendon Child Development Center

## 2018 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 9<sup>th</sup>, 2018

March 26-29

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