

First Baptist Church of Clarendon Child Development Center

2018 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 Tuesday May 1, 2018

Tuition Fee: **\$ 395.00** **Per Week** (T-Shirt Included), Non-Refundable – Due by Friday June 1 2018

_____ 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: _____