

# 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

**\$ 315.00**        **4-Day Week Price (only Week 2)**

\_\_\_\_ June 25 – June 29

\_\_\_\_ July 16- July 20

\_\_\_\_ August 6- August 10

\_\_\_\_ July 2– July 6 (4 day)

\_\_\_\_ July 23 –July 27

\_\_\_\_ August 13- August 17

\_\_\_\_ July 9 – July 13

\_\_\_\_ July 30– August 3

\_\_\_\_ August 20- August 24

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