



First Baptist Church of Clarendon
Child Development Center

Day Camp Registration Form
2018-2019

Child's Name: _____

Date of Birth: _____ Current Grade: (K,1,2,3,4) _____

Address: _____

Family Information

Parent's Name: _____ Relationship: _____

Home/Work/Cell Phone: _____

Place of Business: _____

Parent's E-Mail: _____

Parent's Name: _____ Relationship: _____

Home/Work/Cell Phone: _____

Place of Business: _____

Parent's E-Mail: _____

Enrollment

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

Registration Fee: **\$00.00** Tuition Fee: **\$110.00 per Day** (Non-Refundable)

_____ October 26, 2018

_____ January 28, 2019

_____ November 6, 2018

_____ March 8, 2019

_____ *November 21, 2018

_____ April 1, 2019

**based on enrollment*

**I have read the Day Camp Policies and Procedures carefully, and accept them as terms of enrollment for my child.
I accept responsibility for payment for the day(s) indicated above.**

Parent's Name: _____

Parent's Signature: _____ Date: _____