



First Baptist Church of Clarendon
Child Development Center

Spring 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 week(s):

Registration Fee: **\$00.00** Tuition Fee: **\$375.00** (Non-Refundable)
DUE FRIDAY, APRIL 5

_____ April 15 – 18, 2019

I have read the Spring 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: _____