

First Baptist Church of Clarendon

Child Development Center

Summer Camp Registration Form 2018-2019

Child's Name:	
	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: \$95.00 DUE FRIDAY, MAY 3	Tuition Fee: \$415.00 per 5-Day Week; \$350.00 per 4-Day Week (Non-Refundable) DUE MONDAY, JUNE 3 [T-Shirt, Morning and Afternoon Snacks, and Transportation Included]
June 24 – 28, 2019 July 1 – 5, 2019 July 8 – 12, 2019 July 15 – 19, 2019 July 22 – 26, 2019	July 29 – Aug 2, 2019 ———————————————————————————————————
	p Policies and Procedures carefully, and accept them as terms of enrollment for my for payment for the day(s) indicated above.
Parent's Name:	
Parent's Signature:	Date:

1306 N. Highland Street Arlington, VA 22201 Phone 703-522-6477 Fax 703-522-7142