



**REGISTRATION FORM**

- **BEFORE MAY 1, 2018 - \$15.00 NON-REFUNDABLE REGISTRATION FEE**
- **AFTER MAY 1, 2018 - \$25.00 NON-REFUNDABLE REGISTRATION FEE**

**PARTICIPANT INFORMATION**

Campers Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in Fall of 2018 \_\_\_\_\_ School attending in Fall of 2018 \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Do you have another sibling enrolling? \_\_\_\_\_ If Yes, what is her/her name? \_\_\_\_\_

*\*If other siblings are enrolling, each must register on a separate form (only one registration fee per family)*

**PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Info: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS AUTHORIZED TO PICK UP AND/OR CARE FOR CHILD**

1—Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2—Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Office # \_\_\_\_\_

Allergies (including Drugs) \_\_\_\_\_

List of Medications to be taken by participant \_\_\_\_\_

Special Instructions \_\_\_\_\_

*I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which may arise directly or indirectly as a result, and or participate in the Fayette Baptist Church Summer Day Camp. I release, discharge and hold harmless from any liability whatsoever Fayette Baptist Church and it's employees and volunteers. I also grant authorization to Fayette Baptist Church to obtain medical treatment, or to treat my child in the case of sickness or medical emergency.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUMMER DAY CAMP—WEEKLY/DAILY SIGN-UP**

*\*Each week and/or days below must be completely filled out upon registration for Summer Day Camp to be staffed properly in advance. Please mark the appropriate areas below for your child for the entire summer.*

**Hours of Operation = 6:30 am through 6:00 pm daily (Late Fees assessed if pick up is past 6:00 pm)**

My daily Drop Off time will be \_\_\_\_\_ Pick Up time will be \_\_\_\_\_

1—Week of May 28-June 1 = Entire Week \_\_\_\_\_ -OR- Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

*(CLOSED MONDAY, MAY 28 FOR MEMORIAL DAY)*

2—Week of June 4-8 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

3—Week of June 11-15 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

4—Week of June 18-22 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

5—Week of June 25-29 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

6—Week of July 2-6 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

*(CLOSED WEDNESDAY, JULY 4 FOR INDEPENDENCE DAY)*

7—Week of July 9-13 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

8—Week of July 16-20 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

9—Week of July 23-27 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

10—Week of Jul. 30-Aug. 3 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

**PAYMENT METHOD (ALL PAYMENTS DUE FOR THE ENTIRE WEEK NO LATER THAN DROP OFF THE FIRST DAY OF THE WEEK)**

\_\_\_\_\_ = Check made out to Fayette Baptist Church weekly (\$15.00 fee for check return)

\_\_\_\_\_ = Automatic Withdrawal online set up to come out weekly (Contact Finance Director to set up)

\_\_\_\_\_ = Credit/Debit Card Weekly (add 3% fee to each transaction)

VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV# (Security on Back) \_\_\_\_\_

**OTHER INFORMATION**

Does your family currently have a church home? \_\_\_\_\_ If so, where? \_\_\_\_\_

What is your child's t-shirt size? \_\_\_\_\_ (each child will have a t-shirt to wear on field trips)

-----**FOR OFFICE USE ONLY**-----

**Staff Member Processing Registration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration Fee Paid (YES/NO):** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Registration Form completely filled out (YES/NO):** \_\_\_\_\_

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