



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. _____

11—Week of Aug. 6-10 = 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)

_____ = Cash

_____ = 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: _____