



**REGISTRATION FORM**

- **BEFORE MAY 1, 2019 - \$15.00 NON-REFUNDABLE REGISTRATION FEE**
- **AFTER MAY 1, 2019 - \$25.00 NON-REFUNDABLE REGISTRATION FEE**

**PARTICIPANT INFORMATION**

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

Grade in Fall of 2019 \_\_\_\_\_ School attending in Fall of 2019 \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Do you have a sibling enrolling? \_\_\_\_\_ If Yes, what is her/his name(s)? \_\_\_\_\_

*\*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 Name (if applicable) \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

*\*Anyone not listed below will not be able to pick up a child unless staff is notified prior to pickup time by parent/guardian*

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 this participant which may arise directly or indirectly as they participate in the Fayette Baptist Church Summer Day Camp. I release, discharge, and hold harmless from any liability whatsoever Fayette Baptist Church and its 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-May 31 = Entire Week \_\_\_\_\_ -OR- Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

*(CLOSED MONDAY, MAY 27 FOR MEMORIAL DAY)*

2—Week of June 3-7 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

3—Week of June 10-14 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

4—Week of June 17-21 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

5—Week of June 24-28 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

6—Week of July 1-5 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

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

7—Week of July 8-12 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

8—Week of July 15-19 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

9—Week of July 22-26 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

10—Week of Jul. 29-Aug. 2 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

11—Week of Aug. 5-9 = Entire Week \_\_\_\_\_ -OR- Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

**LUNCH/SNACKS SIGN-UP**

Do you want to sign up your child for the FREE lunches on weeks #2-10? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to sign up your child for the \$3/day lunches on weeks #1 & 11? \_\_\_\_\_ Yes \_\_\_\_\_ No

**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)

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

**OTHER INFORMATION**

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

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

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

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

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