



2020 Freedom Summer Day Camp (1st - 8th grade)

OFFICE USE
Registration Payment -
\$
Init:

Child's Full Name _____ Grade: _____ D.O.B. _____
First Middle Last Sex: Male Female

Child's Full Name _____ Grade: _____ D.O.B. _____
First Middle Last Sex: Male Female

Child's Full Name _____ Grade: _____ D.O.B. _____
First Middle Last Sex: Male Female

Check here if your child(ren) are currently enrolled in Fellowship Baptist Academy and you wish to use the school contact information.

Home Address _____ City _____, NC Zip _____

Home Phone (____) _____ - _____

RATES/PAYMENT - Registration \$30.00

- Full-Time = 3 days or more per week
1st child=\$125.00; 2nd child =112.00; 3rd child =\$100.00
Part-Time =1 to 2 days per week
1st child = \$70.00; 2nd child = \$60.00; 3rd child= \$50.00

PAYMENT- Cash \$ _____ Check# _____ Online _____

I am registering for the following weeks:
(Please check all that apply)
May 25- May 29* June 29 - Jul 3*
June 1-5 July 6-10
June 8-12 July 13-17
June 15-19 July 20-24
June 22-26 July 27-31
August 3-7
*Closed May 25 (Memorial Day) and July 3rd (Independence day)

PARENTS/GARDIANS CONTACT INFORMATION: (Skip if your child is a current FBA student)

Father's Name _____ email _____
Work Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ email _____
Work Phone (____) _____ Cell Phone (____) _____

EMERGENCY CONTACT (other than parents)

Name: _____ Phone # _____

Please list all names of those who are authorized to pick up your child (Other than parents)

Table with 3 empty columns for listing authorized pickup names.

Parent (Gardian) Signature _____ Date _____