



Bethel Christian Academy

Summer Camp 2017

A Ministry of Bethel Missionary Baptist Church
Reverend Dr. R. B. Holmes, Jr., Pastor

STUDENT INFORMATION:

Child's Name _____ Birth date _____

Age _____ Sex: M F Grade Completed June 2017 _____

Address: _____ City: _____ Zip: _____ Email: _____

Father's Name _____ Cell Phone _____

Father's Place of Employment _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Mother's Place of Employment _____ Work Phone _____

PRIMARY CONTACT FOR ANY CONCERNS REGARDING CHILD: _____

Child lives with: Both Parents Mother Only Father Only Other

Other Emergency Contact _____ Day Phone _____

Other Emergency Contact _____ Day Phone _____

Does child require medication during program hours? Yes No

Allergies? _____ Physical Limitations? _____

If yes, describe _____

Physician's Name _____ Phone _____

Medical Insurance Provider _____ Policy # _____

Child's T-Shirt Size: 6 -8 10-12 14 -16 Adult Small Medium Large

NOTARIZATION IS REQUIRED

I have read the camp guide and discipline statement contained within. I understand the information, policies and activities described therein. I grant permission for my child to participate in all activities and field trips provided as a part of BCA Summer Camp 2017.

PARENT SIGNATURE

Furthermore, I understand that despite the many safety precautions taken at camp, my child could incur minor, serious or fatal injuries while attending camp, and I grant my permission for the camp staff, employees of Bethel Missionary Baptist Church, to seek medical attention and/or take my child to an emergency room or medical facility for treatment.

COUNTY OF LEON
STATE OF FLORIDA

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally known _____
ID Produced _____
Type of ID _____

My Commission Expires

Notary Public (Print Name)

My signature as a Notary Public verifies the affiant's identification has been validated by:

NOTARY SEAL:

NOTARY SIGNATURE

List the people who are allowed to pick up your child from camp; including primary guardian.

1. _____
2. _____
3. _____
4. _____
5. _____

List people who, under any circumstances, **MAY NOT** pick up your child from camp. If any of these people are legal guardians, legal documentation must be provided.

1. _____
2. _____
3. _____

CIRCLE CAMP DATES DESIRED IN PENCIL

CAMP WEEK	DATES
Week 1	June 5-9
Week 2	June 12-16
Week 3	June 19-23
Week 4	June 26-30
<u>Camp Closed Week of July 3-July 7</u>	
Week 5	July 10-14
Week 6	July 17-21

Fees: Registration \$50.00 per child (NON-REFUNDABLE). PAYMENT BY THE WEEK: \$100.00 per week (NON-REFUNDABLE).

FIGURING AMOUNT DUE WHEN REGISTERING	
Registration fee (per child)	\$50.00 + _____
First week of camp	
1 st Child - \$100.00	
Additional child(ren) - \$85.00	
TOTAL DUE WHEN REGISTERING	= \$150.00 first child
	\$135.00 second child

DEPOSITS ARE NON-REFUNDABLE

**Office Use Only*

Circle one of the following: 1st Child 2nd Child 3rd Child

Registration Amount Due: \$50.00 and # of Weeks = Amount Paid

Check # _____ Cash _____ Money Order# _____

Weeks Paid (please initial & date)

Week 1 <i>June 5-9</i>	Week 2 <i>June 12-16</i>	Week 3 <i>June 19-23</i>	Week 4 <i>June 26-30</i>	Week 5 <i>July 10-14</i>	Week 6 <i>July 17-21</i>