



## Registration Form

**Registration Fee - \$55.00 per child** *(includes material fees & snacks - non refundable)*  
**\*Early Bird Registration \$45.00 Expires 7/30/2010\*** *(includes material fees & snacks - non refundable)*

### Weekly & Daily Drop-In Fees:

- \$60 per week - non-members (\$110 - 2 children/\$145 - 3 children)
- \$50 per week - Bethlehem Baptist Church members (\$95 - 2 children/\$125 - 3 children)
- \$30 per week - Bethlehem Christian Academy students (K-4 & K-5)
- \$40 per week - Bethlehem Christian Academy Students (1st - 5th)
- \$15 daily drop-in - rate (3PM - 6PM includes snack) - if space is available. (Registration Fee:\$55 must be paid in order to participate in drop in program - non refundable)
- \$30 daily Holiday drop-in - Bethlehem Baptist Church members & BCA Students rate (7AM - 6PM includes breakfast, lunch & snack does not include activity fees.) - if space is available. (Registration Fee: \$55 must be paid in order to participate in drop in program - non refundable)
- \$35 daily Holiday drop-in - non-member rate (7AM - 6PM includes breakfast, lunch & snack does not include activity fees.) - if space is available. (Registration Fee: \$55 must be paid in order to participate in drop in program - non refundable)

### STUDENT INFORMATION:

Today's Date \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Name (Last \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F Home Telephone Number (\_\_\_\_) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_, Bethlehem Baptist Church: Member/Non-Member/BCA Student \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ (Married) \_\_\_\_\_ (Divorced) \_\_\_\_\_ (Single)

Allergies (foods, insects, etc.) \_\_\_\_\_

Person (s) authorized to pick-up child:

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

### SCHOOL INFORMATION:

School \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Strong Subjects \_\_\_\_\_

Weak Subjects \_\_\_\_\_