



Bethlehem Baptist Church

Summer Day Camp

Registration Form 2010

Registration Fee - \$135.00 per child (w/ T-shirts)
\$105.00 per child (w/o T-shirts)

Date of Registration _____

Child's Name (Last) _____ (First) _____ (Name Preferred) _____

Grade (Fall 2010) _____ **T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL)** _____

Address _____ City _____ State _____ Zip _____

Telephone Number (_____) _____ Allergies, Asthma, etc.. _____

Date of Birth ____ / ____ / ____ Sex ____ M ____ F

Bethlehem Baptist Church Member or Non- Member (circle)

Father/Guardian's Name _____ Business Phone _____

Place of Employment _____ Cell Number _____

Mother/Guardian's Name _____ Business Phone _____

Place of Employment _____ Cell Number _____

Parent's Marital Status (*married, divorced, single, widow, other*) _____

Person (s) Authorized to pick up child (ren): (*If additional persons please attach sheet*)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Additional Child (ren):

Child's Name (Last) _____ (First) _____ (Name Preferred) _____

Date of Birth ____ / ____ / ____ Sex ____ M ____ F Allergies, Asthma, etc. _____

Grade (Fall 2010) _____ **T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL)** _____

Child's Name (Last) _____ (First) _____ (Name Preferred) _____

Date of Birth ____ / ____ / ____ Sex ____ M ____ F Allergies, Asthma, etc.. _____

Grade (Fall 2010) _____ **T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL)** _____

PERMISSION TO TRANSPORT FORM

Please Print. Complete form for each child.

I, _____, give **BCA SUMMER CAMP PROGRAM** permission to transport my child(ren) to all Summer Camp Activities & Field Trips during June 7, 2010 – August 6, 2010.

Child's Name _____

Child's Name _____

Child's Name _____

Parent(s) Signature _____
