

Family Code \_\_\_\_\_

## FBC Pompano Summer Camp

### ELEMENTARY 2018

\$155 weekly 1<sup>st</sup> child

\$120 weekly siblings

\$100 Registration Fee (per child)

T-Shirt Size (check one)

S (6/8) \_\_\_\_\_ M (10/12) \_\_\_\_\_

L (14/16) \_\_\_\_\_

XL (Adult S) \_\_\_\_\_

**PLEASE  
PRINT**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Male / Female (circle)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade (going into) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Custody: Mother Father Both Other \_\_\_\_\_  
(circle one)

#### Medical Information

I hereby grant permission for the Staff of FBC Pompano to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any Allergies, Medical, Dietary needs or other areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Contacts

Your child will only be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove your child from this facility in case of illness, accident, emergency, if for some reason the custodial parent/legal guardian cannot be reached. All persons must provide a photo identification.

Name Cell # Home # Work #

Name Cell # Home # Work #

**Please turn on back**



Additional persons who may pick-up my child:

Name	Cell #	Home #	Work #	Relationship
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Name	Cell #	Home #	Work #	Relationship
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Please **ONLY** check the weeks your child **WILL BE** attending.

1. June 11 - 15 \_\_\_\_\_

6. July 16 - 20 \_\_\_\_\_

2. June 18 - 22 \_\_\_\_\_

7. July 23 - 27 \_\_\_\_\_

3. June 25 - 29 \_\_\_\_\_

8. July 30 - 3 \_\_\_\_\_

4. July 2 - 6 \_\_\_\_\_

9. Aug 6 - 10 \_\_\_\_\_

5. July 9 - 13 \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**     *I understand and agree to the following...*

- \$100 Registration Fee is **NONREFUNDABLE**
- FBC is a **“weekly”** charged camp and I am responsible to pay for the **entire week's tuition** regardless of how many days that week my child attends.
- I must give a **2 week written notice** (on a FBC “Change Form”) if my child's attendance schedule will be changing. If I don't, there will be a \$50 charge.

**No Faxes, emails or handwritten notes permitted for Schedule Changes**

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print name)

**➔ NOTE!!!** Registration and 1<sup>st</sup> week's payment are due together at registration.  
Please PRINT and make sure your form is legible. Thank you! 😊