

**PLEASE
PRINT**

FBC Pompano Summer Camp
MIDDLE SCHOOL 2018
\$155 weekly - 1st child
\$120 weekly - siblings
\$100 Registration Fee (per child)

Family Code _____

T-Shirt Size

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 #
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Name	Cell #	Home #	Work #
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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 1st week's payment are due together at registration.

Please PRINT and make sure your form is legible. Thank you! 😊