



FIRST BAPTIST CHILD DEVELOPMENT CENTER

SUMMERSCOPE REGISTRATION INFORMATION

Parent's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Child's Name: _____

Date of Birth: _____

School Child Attends: _____

Grade Completed: _____

I have read this form and I understand and agree to all registration conditions.

Signature: _____ Date: _____