

Registration Date: _____

Christ First Baptist Registration Summer Elementary Enrichment Program

Date of Birth: _____ Place of Birth: _____ Grade: _____
Child's Name: _____ Male ___ Female ___
Home Address: _____
City: _____ Zip Code: _____

Days Requested:

Summer			
2 Days	3 Days	4 Days	5 Days
Half Day (9:00-12:30 p.m.)	Mid Day (7:00 - 3:30 p.m.)		

Allergies: _____

Persons Responsible for Child:

Parent #1: _____
Address: _____
City _____ Zip: _____
Email: _____ Cell: _____
Parent #2: _____
Address: _____
City _____ Zip: _____
Email: _____ Cell: _____

Authorized Pick Up/Emergency Contacts:

Name: _____ Relationship: _____ Cell: _____
Name: _____ Relationship: _____ Cell: _____
Name: _____ Relationship: _____ Cell: _____
Name: _____ Relationship: _____ Cell: _____
Dr. Name: _____ Phone #: _____

NON-REFUNDABLE REGISTRATION FEE IS DUE UPON REGISTRATION

Early Enrollment (March-April)

Regular Enrollment (May-February)

Summer \$50

Summer \$75