# SUMMER CAMP REGISTRATION 2019

Summit Baptist Christian Academy
"Standing on the Promises of God"

## Summer Camps-Check the session(s) you would like to attend:

_____ Week 1: June 3, 4, 5, 6 (Monday—Thursday, 9-1) $100.00
**"ADVENTURE ON THE HIGH SEAS"**

_____ Week 2: June 10, 11, 12, 13 (Monday—Thursday, 9-1) $100.00
**"WONDERFUL WEATHER"**

_____ Week 3: June 17, 18, 19, 20 (Monday—Thursday, 9-1) $100.00
**"AROUND THE WORLD"**

**Total NON-REFUNDABLE fee enclosed $_____ check#_____cash___**

**Daily Schedule includes themed: craft, music, games, snack, activities, and playtime!**

Child's Name:_____ M/F_____

Child's age (as of May 1st, 2019) _____years; Date of Birth_____

Current School: _____ Level completed:_____

Home Address:_____

E-mail Address:_____

Guardian's Name:_____ Relationship_____

Cell #_____ Work/Home #_____

Guardian's Name:_____ Relationship_____

Cell #_____ Work/Home #_____

***Emergency Contact Information:***
Child's Physician:_____Phone #_____

Physician's Address:_____

Is your child allergic to any foods, medicines or insect stings? _____ If so, please explain:

_____

_____

***My child may be released to the following people (Picture ID must be shown daily):***

| Name | Phone | Relationship |
|---|---|---|
| | | |
| | | |

**All campers must be 2 by May 1st—Completed 2nd grade. Campers must be dropped off at 9am and picked up prior to 1pm daily. Please send lunch daily, snack will be provided.**

Guardian Signature:_____ Date:_____