

# Highland Baptist Summer Day Camp 2010 Registration Form

Registration Date: _____
Registration Form _____
Registration Fee _____
T-Shirt size _____

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
 Child's Address: \_\_\_\_\_ School \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: (circle) M F

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell # \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_ Member (circle) Yes No

Father's Name \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Address: \_\_\_\_\_ Pager# \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work# \_\_\_\_\_

Brother's or Sisters:	Name	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Permission to Pick up other than parents:**

Name: \_\_\_\_\_ relationship \_\_\_\_\_  
 Name: \_\_\_\_\_ relationship \_\_\_\_\_  
 Name: \_\_\_\_\_ relationship \_\_\_\_\_  
 Name: \_\_\_\_\_ relationship \_\_\_\_\_

**Persons Not Allowed to Pick Up:**

Name: \_\_\_\_\_ relationship \_\_\_\_\_  
 Name: \_\_\_\_\_ relationship \_\_\_\_\_

**ILLNESS/EMERGENCY CONTACTS other than parents:**

Name: \_\_\_\_\_ relationship \_\_\_\_\_ ph# \_\_\_\_\_  
 Name: \_\_\_\_\_ relationship \_\_\_\_\_ ph# \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Conditions (Physical/Emotional/etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Daily Medication: \_\_\_\_\_

**MEDICAL CONSENT**

In enrolling my child in Highland Baptist Summer Day Camp of Laurel, Mississippi, I understand that Highland Baptist Church assumes no responsibility for sickness or injury which may occur while my child attends Highland Baptist Summer Day Camp. As a condition of enrollment, I hereby relieve and release Highland Baptist Church and its employees from any and all liability for injury or sickness which may occur for any cause while my child is in this program.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP CONSENT**

In enrolling my child in Highland Baptist Summer Day Camp of Laurel, Mississippi, I understand that my child will be traveling and participating in Field Trips and Special Activities away from Highland Baptist Church facilities.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SWIMMING CONSENT**

My child has my permission to swim without a life jacket.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION AND POLICIES**

I have received a copy of the Summer Day Camp Policies and agree to abide by it.. I understand the Registration Fee will reserve a place for my child and is non-refundable. My registration is my financial commitment for the number of days indicated at time of registration whether my child is present or absent. Payment is due on or before June 1st and July 1st. A \$30.00 Late Fee will be charged and must be paid for my child to continue.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_