



FBC WEEKDAY SUMMER PROGRAM NEW FAMILY REGISTRATION

Child's Full Name: _____ DOB: _____

Child's Preferred Name: _____ Sex: _____

Address: _____ City: _____ Zip: _____

If attending another program, what class/age group is this child currently enrolled in?

Is your child fully potty trained? ☐ Yes ☐ No

Primary Contact's Full Name: _____

Occupation: _____ Company: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Secondary Contact's Full Name: _____

Occupation: _____ Company: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Previous Program (if applicable): _____

Church Membership: _____

Names/Ages of Siblings: _____

Others living in the home: _____

In an emergency, person(s) authorized to act for parent/guardian (NOTE: We will always attempt to contact parents first. If unavailable, whom may we call?)

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Child's Doctor: _____ Phone: _____

Hospital Preference: _____

Allergies/Health Concerns: _____

Please note this program is Tuesday and Thursday ONLY from June 10 through July 17, 2025.
A \$125 Non-refundable registration fee is required to reserve your child's spot.
The second payment of \$125 is due the first week of camp.

Signature: _____ Date: _____

