



# 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 9 through July 16, 2026. A \$135 Non-refundable registration fee is required to reserve your child's spot. The second payment of \$135 is due the first week of camp.

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

