

FBC Learning & Christian Education Center Summer Enrichment Camp

FBC/LCEC Summer Enrichment Camp seating is limited. Early registration is now in progress.

How to register your child - *Don't delay!*

- 1. Complete this form and drop off or mail remittance to: FBC/LCEC Summer Camp, 2015 Main Street, NLR, AR 72114.** Please include a one-time registration fee of \$50.00. A confirmation is sent (via phone or email) within one week of receipt of registration.
- 2. Enrichment fees** are payable in full on or before May 1, 2012 (unless arrangement are made through FBC Financial Advisor). A one-time registration fee is applied to cover travel and t-shirt cost. FBC Summer Camp will operate for eight weeks. Hours: 7:30 am – 5:30 pm, Monday through Friday.
- 3. Camp tuition cost:** \$400.00 per student. Special discounts are available for sibling groups and members of First Baptist Church Main Street and affiliated churches. Please contact Roz @ (501)350-1077 for family discounts and rates. Camp begins June 11, 2012.
- 4. What we offer:** We offer summer fun at the next level. Our students will experience Math, Science Music, Dance, Martial Art, Recreational Sports and much more! Reserve your child seat today. Visit us on the web @ www.fbcmainst.org. Contact Sister Roz for more details @ 501 350 1077.

Pre-registration fees obtained from February 21 through April 20, 2011 receives a \$10 blessing discount is given to all youth that register before May 19, 2011.

Pre-registration Form

Youth Name: _____ Age: _____

Parent's Name: _____ Home: _____

Mother Contact #: _____ Father Contact #: _____

Guardian(s): _____ Relation to Child: _____

Address: _____

Work Phone(s): _____ Email: _____

Please circle t-shirt size -- Youth: S M L XL / Adult: S M L XL

To register for more than one youth, please attach additional forms.

Total Amount Enclosed: _____ Check #: _____ **** (Cash must be paid to FBC Financial Advisor)**

Please make payable to: **FBC/LCEC Summer Camp**

Remittance Address: 2015 Main Street
Attn: LCEC Director
North Little Rock, AR 72114

FBC SUMMER CAMP - CHILD INFORMATION SHEET (Please complete on enrolling student(s))

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

HEALTH HISTORY OF CHILD: This is kept confidential. Attach additional sheet if necessary

Please list any allergies: _____

Describe your child's allergic reaction: _____

Other medical concerns: _____

Medications being used: _____

Please note that The FBC/LCEC will limit dispensing of medications to prescriptions, unless otherwise authorized by FBC/LCEC. All other medication disbursement is at the discretion of FBC/Director and Program Coordinators with parental approval.

Does your child wear: glasses (), contact lenses(), hearing aid(), corrective shoes(), prosthesis()?

Other information concerning your child's health that we should be aware

of: _____

Child's Physician: _____ Phone # _____

Child's Dentist: _____ Phone # _____

My child has no condition that would prevent him/her from participating in the program or that the program's normal activities would aggravate: Yes(), No(). If yes, explain in detail on an attached additional sheet.

RELEASE INFORMATION: Under no circumstances will a child be released to anyone without your written authorization.

Photo identification is required for release to the following individuals.

I give authorization for the following people to pick my child up from The Discovery Center's programs:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If applicable, please specify any individuals for whom there is a restraining order or custody restriction:

Unless we have a copy of a court order prohibiting the release of a child to one of the child's parents, it is legal for your child to be released to either parent.

Emergency Contact: _____ Phone: _____

In the event that neither I nor my designee can not be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

Parent/Guardian signature: _____ Date: _____

Authorization and Consent As parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in the specified program(s) operated by FBC Learning & Christian Education Center. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/herself or others. Failure to do so will result in dismissal from program without refund. FBC Learning & Christian Education Center staff will do its best to ensure a safe experience, however I understand that accidents do occur. I hereby release FBC Learning & Christian Education Center from any and all responsibility and liability of any nature resulting in my child's participation in any program accident including claims for any injury, illness, death, loss or damage. My signature gives FBC Learning & Christian Education Center permission to use all photos and videos taken during programs for promotional purposes. To opt out of this, I will submit request in writing. I have informed camp staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____