

Reg # \_\_\_\_\_  
Chk # \_\_\_\_\_  
Date \_\_\_\_\_



## Summer Adventure Camp 2015 Registration Form

Please complete a registration form *for each child* in order to reserve their place for 2015 Summer Adventure Camp. The \$50 registration fee is due upon enrollment. Financial aid may be available. Contact us for more information at [sac@conwayfumc.org](mailto:sac@conwayfumc.org) or 329-1467.

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade entering this fall \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Please select from the following:

\_\_\_\_\_ Full Time Day Care (Monday through Friday) \$110.00/week

\_\_\_\_\_ Part Time Care (Select your days below Monday through Friday) \$25/day

**For part time care please circle your choice of days:**

Monday Tuesday Wednesday Thursday Friday

Completed registration packets must be returned by May 4th. If my child's packet is not returned by May 14th, my child's spot will be forfeited. (**Note:** Special arrangements can be made prior to May 14th if I am unable to return the packet by the deadline. Contact Pam Brenske or Lisa Murray at 501-329-1467 or [sac@conwayfumc.org](mailto:sac@conwayfumc.org) for more information.)

If my child is placed on the roster, I will give written notice by Thursday, May 14th, if I plan to withdraw my child from the SAC Program. I understand that withdrawal after that date will result in my responsibility for 2 weeks' tuition. I understand that the registration fee is non-refundable.

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