

# Gulf Beach Baptist Preschool Summer Camp Registration 2011

## Classes for K2 through 3rd Grade

**Dates: Weeks of June 13<sup>th</sup> – July 18<sup>th</sup> (6 weeks)**  
**Days- Monday-Thursday**  
**Time: 9am -1pm – bring lunch from home**  
**Registration Fee- \$40**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Class (or grade) just completed \_\_\_\_\_  
(2010-2011 school year)

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Allergies/Dietary Restrictions:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

### **CONTACTS:**

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the parent cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

(To child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

(To child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

(To child)