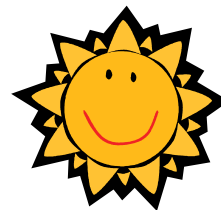


Summer Camp

A ministry of Rochester Hills Baptist Church



\$45 registration & camp fee - due upon enrollment

Child's age: 3 4 5 6 7 8 9 10 1 **Grade in fall: K3 K4 K5 1 2 3 4 5**

(Circle the all that apply)

Days to Attend: M T W TH F morning only or full day **Date Enrolled: Summer 2010**

Full Name of Student _____ Date of Birth _____ Sex _____

Home Address _____ City _____ Zip _____

Telephone _____ Emergency Phone _____ Person/Relationship _____

PARENT OR GUARDIAN INFORMATION:

FATHER

MOTHER

Name _____

Driver's License _____

Employer _____

Work Number _____

Church Affiliation: _____ Members: yes or no

Explain why you wish your child to attend our camp: _____

How did you hear about our program? _____

Please list any allergies that your child might have _____

Approximate Times Care is Needed _____ to _____

I agree to accept all regulations of the school on behalf of the applicant. I authorize Rochester Hills Baptist Church to employ discipline as seems wise and expedient as outlined in the handbook. I give permission for my child to partake in daycare/camp activities or field trips and absolve Rochester Hills Baptist Church from all liability to myself or child at the camp during activities or on field trips. I agree to have all payments in to the center by the first day of every week my child is scheduled to attend. I understand that RHBC does not allow for "sick" days and that the only way my child's position can be held is by making my weekly payments on the day required. I understand that if my child does not adapt well in daycare/camp or if I default in my weekly payments I will be asked to withdraw him. All Sonshine Academy's rules and regulations apply. See the director for a handbook if needed.

Date: _____ Signature of parent or guardian: _____

Please make any additional comments concerning care for this child: _____
