



SonShine Ministries

First Baptist Church of Mebane
2024 Summer Camp Registration Form

Child's Name: _____ Birth date: _____

Grade just completed: _____ School last attended: _____

_____ Enclosed is my child's **\$50 non-refundable registration fee** for Summer Camp.

My child will be attending:

_____ full week (\$135/week, includes field trips for the week)

_____ full day (\$35, does not include field trips)

_____ part day (4 hours or less per day for \$25, does not include field trips).

_____ I would like for my child to attend summer camp but will not be paying the registration fee.

(This option is only available if space is available for the weeks you want your child to attend.)

My child will be attending: **(Registered full week children have 1st priority.)**

_____ full week (\$150/week, includes field trips for the week)

_____ full day (\$45/day, does not include field trips)

_____ part day (4 hours or less per day for \$35/day, does not include field trips).

Please indicate which weeks/days your child will attend summer camp.

You will be financially responsible for the weeks/days indicated regardless of attendance.

_____ Week of June 10th

_____ Week of June 17th

_____ Week of June 24th

_____ Week of July 1st

(Closed Thursday, July 4th & Friday, July 5th)

_____ Week of July 8th

_____ Week of July 15th

_____ Week of July 22nd

_____ Week of July 29th

_____ Week of August 5th

_____ Week of August 12th

_____ Week of August 19th

(Closed Friday, August 23rd)

By signing this form, I am acknowledging that I have read the Parent Handbook of First Baptist SonShine Ministries and that I am responsible for paying for all the time that I have indicated my child will attend.

Signature: _____ Date: _____

This form must be returned by March 1st in order to keep your child's spot.