



# Bethlehem Christian Academy Summer Enrichment Program Registration Form 2014

Registration Fee - \$150.00 per child (w/ T-shirts)      Date of Registration \_\_\_\_\_  
\$105.00 per child (w/o T-shirts)      Start Date \_\_\_\_\_

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Name Preferred) \_\_\_\_\_

Grade (Fall 2014) \_\_\_\_\_ T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL) – Please circle size

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

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Allergies, Asthma, etc. \_\_\_\_\_

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

Bethlehem Baptist Church Member or Non– Member (circle)

Father/Guardian's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parents' Marital Status: (*married, divorced, single, widow, other*) – please circle

Person(s) Authorized to pick up child(ren): (*If additional persons please attach sheet*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Child(ren):**

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Name Preferred) \_\_\_\_\_

Grade (Fall 2014) \_\_\_\_\_ T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL) – Please circle size

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

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Name Preferred) \_\_\_\_\_

Grade (Fall 2014) \_\_\_\_\_ T-Shirt Size (Youth - S, M, L / Adult - S, M, L, XL) – Please circle size

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