



SonShine Ministries

First Baptist Church of Mebane
2023 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 time (\$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 and 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 time children have 1st priority.)**

_____ full time (\$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 12th - 16th

_____ Week of June 19th - 23rd

_____ Week of June 26th - 30th

_____ Week of July 5th - 7th
(Closed Monday, July 3rd & Tuesday, July 4th)

_____ Week of July 10th - 14th

_____ Week of July 17th - 21st

_____ Week of July 24th - 28th

_____ Week of July 31th - August 4th

_____ Week of August 7th - 11th

_____ Week of August 14th - 18th

_____ Week of August 21st - 24th
(Closed Friday, August 25th)

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 April 28th in order to keep your child's spot.