



Bay Leaf Baptist Church
 12200 Bayleaf Church Rd
 Raleigh, NC 27614
 919.847.4477
 www.bayleaf.org



K - 5th grade
 2010 - 2011

Track-Out Camp Registration Form

Track in with Bay Leaf for Kindergarteners through 5th Grade!

We offer a half-day track-out program from 9:30am to 1:30pm. In our program kids are able to worship the Lord through Bible stories, computers, crafts, music, water play, soccer, basketball and much more!

Our desire is to minister to your kids year-round when they are tracked out of school. We strive to create a stimulating learning environment where your kids will be blessed and enriched!

SESSION I

	<u>TRACK 3</u>	<u>TRACK 2</u>	<u>TRACK 1</u>	<u>TRACK 4</u>
Week 1	Summer Camp	Aug. 23-27	Sept. 13-17	Oct. 4-8
Week 2	Summer Camp	Aug. 30-Sept. 3	Sept. 20-24	Oct. 11-15
Week 3	Aug. 16-20	Sept. 7-10	Sept. 27-Oct. 1	Oct. 18-22

SESSION II

	<u>TRACK 3</u>	<u>TRACK 2</u>	<u>TRACK 1</u>	2011	<u>TRACK 4</u>
Week 1	Oct. 25-29	Nov. 15-19	Dec. 6-10	2011	Jan. 3-7
Week 2	Nov. 1-5	Thanksgiving	Dec. 13-17		Jan. 10-14
Week 3	Nov. 8-12	Nov. 29,30	Christmas		Jan. 17-21

SESSION III

	2011	<u>TRACK 3</u>	<u>TRACK 2</u>	<u>TRACK 1</u>	<u>TRACK 4</u>
Week 1	2011	Jan. 24-28	Feb. 14-18	Mar. 8-11	Apr. 5-8
Week 2		Jan. 31-Feb. 4	Feb. 21-25	Mar. 14-18	Apr. 11-15
Week 3		Feb. 7-11	Feb. 28-Mar. 4,7	Mar. 21-25	Apr. 18-21, 25
Week 4				Mar. 28-31	

SESSION IV

	<u>TRACK 3</u>	<u>TRACK 2</u>
Week 1	Apr. 26-29	May 18-20
Week 2	May 2-6	May 23-27
Week 3	May 9-13,16,17	

	<u>1 WEEK</u>	<u>3 DAYS</u>	<u>1 DAY</u>	<u>3 WEEKS</u>
Half-Day 9:30am - 1:30pm	\$125	\$85	\$30	\$350 - SAVE \$25

**Note: There is a \$30 Non-Refundable Fee per session
 (Applied towards tuition if tuition is received 30 days prior to camp)**

Please indicate the day(s) / week(s) your child will be attending: (refer to the dates above for schedule)

One Week (please circle)

Track 1: 1 2 3 4 5 6 7 8 9

Track 2: 1 2 3 4 5 6 7 8 9

Track 3: 1 2 3 4 5 6 7 8 9

Track 4: 1 2 3 4 5 6 7 8 9

3 Days

Day 1 _____

Day 2 _____

Day 3 _____

1 Day

Continued on back



GENERAL INFORMATION

Child's Name: _____ Name Called: _____

Birthdate: _____ Age: _____ M/F: _____

Current School: _____

Parent/Guardian Name: _____

Address: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Medical or other information we need to know: (Please include any allergies, especially food allergies or special needs)

**If you have already turned in a medical release form for Little Lambs you do not need to do another one.

Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____

Emergency Contact

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Who may pick up your child at the end of camp each day: (Please list all names of those eligible)

Other Information:

Do you attend Church or Sunday School? If so where: _____