



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



# 2009-2010 FALL

**ALL WEDNESDAYS**  
**9:30 AM - 1:30 PM**  
**6 weeks to 5 years**

**Sept 2 — May 26 (excludes Nov 25; Dec 16, 23, 30)**

**WALK-IN DATES (If available)**

Cost: \$25 per day

Registration Fee: \$25

___ Sept 2	___ Oct 21	___ Jan 6	___ Feb 24	___ Apr 14
___ Sept 9	___ Oct 28	___ Jan 13	___ Mar 3	___ Apr 21
___ Sept 16	___ Nov 4	___ Jan 20	___ Mar 10	___ Apr 28
___ Sept 23	___ Nov 11	___ Jan 27	___ Mar 17	___ May 5
___ Sept 30	___ Nov 18	___ Feb 3	___ Mar 24	___ May 12
___ Oct 7	___ Dec 2	___ Feb 10	___ Mar 31	___ May 19
___ Oct 14	___ Dec 9	___ Feb 17	___ Apr 7	___ May 26

Child's Name \_\_\_\_\_ Name Called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School child is attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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: \_\_\_\_\_