



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



6 weeks - 5th grade
Summer 2010

Summer Camp Registration Form

Summer at Bay Leaf for 6 weeks through 5th Grade!

We offer a half-day summer 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. Go to www.bayleaf.org for year-round programs. We strive to create a stimulating learning environment where your kids will be blessed and enriched!

Weekdays Only

9:30 AM - 1:30 PM

Deposit: \$25 non-refundable

Cost: \$25 per day

June 1 - August 13

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> June 1 | <input type="checkbox"/> July 6 | <input type="checkbox"/> July 26 |
| <input type="checkbox"/> June 2 | <input type="checkbox"/> July 7 | <input type="checkbox"/> July 27 |
| <input type="checkbox"/> June 3 | <input type="checkbox"/> July 8 | <input type="checkbox"/> July 28 |
| <input type="checkbox"/> June 4 | <input type="checkbox"/> July 9 | <input type="checkbox"/> July 29 |
| <input type="checkbox"/> June 7 | <input type="checkbox"/> July 12 | <input type="checkbox"/> July 30 |
| <input type="checkbox"/> June 8 | <input type="checkbox"/> July 13 | <input type="checkbox"/> Aug. 2 |
| <input type="checkbox"/> June 9 | <input type="checkbox"/> July 14 | <input type="checkbox"/> Aug. 3 |
| <input type="checkbox"/> June 10 | <input type="checkbox"/> July 15 | <input type="checkbox"/> Aug. 4 |
| <input type="checkbox"/> June 11 | <input type="checkbox"/> July 16 | <input type="checkbox"/> Aug. 5 |
| <input type="checkbox"/> June 21 | <input type="checkbox"/> July 19 | <input type="checkbox"/> Aug. 6 |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> July 20 | <input type="checkbox"/> Aug. 9 |
| <input type="checkbox"/> June 23 | <input type="checkbox"/> July 21 | <input type="checkbox"/> Aug. 10 |
| <input type="checkbox"/> June 24 | <input type="checkbox"/> July 22 | <input type="checkbox"/> Aug. 11 |
| <input type="checkbox"/> June 25 | <input type="checkbox"/> July 23 | <input type="checkbox"/> Aug. 12 |
| | | <input type="checkbox"/> Aug. 13 |

Please mark with a "x" which days you want your child registered.
 If you would like for your child to attend the entire week, please mark all days in that week. Thank you.

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: _____

How did you hear about us? _____