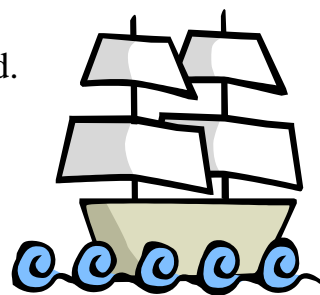


Grace Baptist Church
 Summer Program
 4945 Hardy McManus Rd.
 Evans, GA 30809
 706-868-1555
weekday@gbce.net



Lisa Wamack, Director

2018 FRIENDSHIP REGISTRATION

Must be 2 by June 1, through those entering 1st grade.
 Program dates are May 29 – July 19 (no classes June 12 or 14 due to VBS)
 Hours are from 9:30 – 1:30
 Summer Program attendees who were born by 8-31-2014, are invited to attend VBS at Grace.

*Love one another with brotherly affection. **Romans 12:10***

Child's Name _____ **Birth Date** _____

Name child goes by _____ **Boy** _____ **Girl** _____

Address _____

Home telephone _____ **Parents email** _____

Father's Name _____ **Cell Phone** _____

Work Place _____ **Work Phone** _____

Mother's Name _____ **Cell Phone** _____

Work Place _____ **Work Phone** _____

Security Code _____

(Secret word or numbers used by someone other than parent who will pick up your child.)

Additional Information (allergies, special needs) _____

Emergency Contact other than parents:

Name _____ **Phone** _____

Child's Doctor _____ **Phone** _____

Those who may pick up child _____

Friendship is open to children who are 2 years old by June 1, 2018,
through those who have completed Kindergarten.

Please check one or both day(s) to be enrolled.

_____ **Tuesday** _____ **Thursday**

There are no sibling discounts for the summer program.
Children need to bring labeled lunch box and book bag with a change of clothes.

One Day Option Cost: \$105.00

\$25.00 due at enrollment
\$40.00 due at first class
\$40.00 due June 21st

Two Day Option Cost: \$210.00

\$50.00 due at enrollment
\$80.00 due at first class
\$80.00 due June 21st

Medical Permission Clause

I, the undersigned parent or guardian of _____ in the event of an accident, if the staff or representative of Grace Baptist Summer Program is unable to contact me, do hereby grant permission to said staff or representative to administer necessary first aid, and/or take my child to the nearest medical facility for additional treatment.

Insurance Company _____ Policy Number _____

Parents Signature

Date

**In order to reserve a spot for your child, please fill out this form and turn in with your enrollment fee.
This registration fee is non-refundable. Must give thirty day written notice for withdrawal.
Tuition is due throughout the withdrawal process.**

There are no adjustments in tuition due to absences, illnesses, family vacations, holidays or inclement weather.

I have read and understand the above:

Parents Signature

Date

Office use only:

Registration pd. _____ Payment Method _____ Date _____