

Good News Christian Academy Summer Day Camp

A Ministry of Good News Free Will Baptist Church

5200 Courthouse Road

Chesterfield, VA 23832

804-744-4947

Application for Enrollment

For Office Use Only

Date Enrolled _____

Registration Amount \$ _____

Paid by Check # _____ Cash _____ EFT _____

(Free) T-Shirt(s) YXS _____ YS _____ YM _____ YL _____ YXL _____

Adult Sizes S _____ M _____ L _____ XL _____ XXL _____

Weekly Total by EFT \$ _____

Date _____

Child's Name (Last) _____ (First) _____ (Middle) _____

Birth date ____ / ____ / ____ Social Security _____

Circle Grade Entering K2 K3 K4 K5 1ST 2ND 3RD 4TH 5TH 6TH

Selected weeks child will attend camp:

6/21 - 6/25 6/28 - 7/02 7/05 - 7/09 7/12 - 7/16 7/19 - 7/23 7/26 - 7/30

8/02 - 8/06 8/09 - 8/13 8/16 - 8/20 8/23 - 8/27 8/30 - 9/03

Selected days per week child will attend:

Monday Tuesday Wednesday Thursday Friday

\$ _____ Weekly total to be drafted

T-Shirt (free) YXS _____ YS _____ YM _____ YL _____ YXL _____ Adult Sizes S _____ M _____ L _____ XL _____ XXL _____

Second Child's Name (Last) _____ (First) _____ (Middle) _____

Birth date ____ / ____ / ____ Social Security _____

Circle Grade Entering K2 K3 K4 K5 1ST 2ND 3RD 4TH 5TH 6TH

Selected weeks child will attend camp:

6/21 - 6/25 6/28 - 7/02 7/05 - 7/09 7/12 - 7/16 7/19 - 7/23 7/26 - 7/30

8/02 - 8/06 8/09 - 8/13 8/16 - 8/20 8/23 - 8/27 8/30 - 9/03

Selected days per week child will attend:

Monday Tuesday Wednesday Thursday Friday

\$ _____ Weekly total to be drafted

T-Shirt (free) YXS _____ YS _____ YM _____ YL _____ YXL _____ Adult Sizes S _____ M _____ L _____ XL _____ XXL _____

Third Child's Name (Last) _____ (First) _____ (Middle) _____

Birth date ____ / ____ / ____ Social Security _____

Circle Grade Entering K2 K3 K4 K5 1ST 2ND 3RD 4TH 5TH 6TH

Selected weeks child will attend camp:

6/21 - 6/25 6/28 - 7/02 7/05 - 7/09 7/12 - 7/16 7/19 - 7/23 7/26 - 7/30

8/02 - 8/06 8/09 - 8/13 8/16 - 8/20 8/23 - 8/27 8/30 - 9/03

Selected days per week child will attend:

Monday Tuesday Wednesday Thursday Friday

\$ _____ Weekly total to be drafted

T-Shirt (free) YXS ___ YS ___ YM ___ YL ___ YXL ___ Adult Sizes S ___ M ___ L ___ XL ___ XXL ___

Home Address

Street _____

City _____ State _____ Zip _____

Home Phone _____ Email address _____

Emergency Contact _____ Emergency Phone _____

Parent Information

Father's Name _____ Occupation _____

Home Phone _____ Business Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Home Phone _____ Business Phone _____ Cell Phone _____

Financial Policies

1. Camp weekly fees will be drafted from parent's account each Monday for the current week.
 - *All accounts will be drafted according to the parent's selected weeks whether or not the child attends.*
2. An insufficient funds fee for electronic transfer of \$5.00 will be accessed per occurrence.
3. Late fees of 5% will be accessed after a five day grace period and 1% daily thereafter.
4. In case of insufficient funds, past due accounts not made current after 10 calendar days will prevent the child from being allowed to attend camp until the account is made current.
5. My child must be picked up by 6:00 p.m. After 6:05 p.m. a surcharge of \$1.00 for every minute period, per child will be charged to my account.

By signing, I/we agree to all the terms in this agreement and acknowledge receipt of the Summer Day Camp handbook and agree to the terms outlined therein.

Father's / Guardian's signature _____ Date _____

Mother's / Guardian's signature _____ Date _____