



**"An Independent Christian School Ministry Serving the Cape Fear Region"**  
 112 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 • www.fayettevillechristian.com

# SUMMER BAC PROGRAM

## Summer 2009 Registration Form

Summer child care is available for children **4 years old through rising 6th grade**. This program begins the week after the last day of the current school year and ends the Friday before the start of the new school year. Registration and costs for summer camps will be available later this spring. All 4 year olds must have already attended a pre-kindergarten program and be currently enrolled at FCS for the 2009/2010 school year. **Summer BAC is closed on Memorial Day and the Fourth of July.**

**STUDENT INFORMATION**

Last Name	First Name	Grade Entering	Allergies or medical conditions
Last Name	First Name	Grade Entering	Allergies or medical conditions
Last Name	First Name	Grade Entering	Allergies or medical conditions

**Summer Rates:** \$1,000 - (All fees are per child; a 10% discount is awarded off the entire bill for multiple children enrolled.  
 \*\* If you pick up your child later than your contracted time, the fee is \$7.00 per hour (or any part thereof).  
 \*\*If you pick up your child after 6:00 PM, the charge is \$10.00 the first 5 minutes and \$1.00 each additional minute.

**FAMILY INFORMATION**

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian				<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian			
Last name	First (goes by)	MI	Title(Mr./Dr./Rev.)	Last name	First (goes by)	MI	Title(Mrs./Ms./Dr.)
Phone: Home _____ Work _____				Phone: Home _____ Work _____			
Cell _____				Cell _____			
Employer _____				Employer _____			
Position _____				Position _____			

If parents are separated/ divorced, with whom does the child reside? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_  
 In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of re-enrollment.

The following people are authorized to pick up my child \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency contact names/numbers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application is a contract for the summer program. This contract may not be voided except in case of an emergency withdrawal. We understand that this contract will remain a binding financial obligation if we withdraw our child.

Father's Signature _____	Date _____	Mother's Signature _____	Date _____
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