



First Baptist Church of Weddington Preschool
348 Providence Road South
Weddington, NC 28173
704-846-6770

Date: _____

Paid: _____

2017 Summer Camp Registration Form

Child's Name _____ Child's Birthday: _____ Age: _____

Parent's Name _____

Address _____

Email address _____

Home Phone Number _____ Cell Phone Number _____

Emergency Contact Name _____ Phone Number _____

Physician Name _____ Phone Number _____

Special Information (allergies) _____

Special drop off or pick up contact information _____

Please Select Week

June 6,7,8 _____

June 27, 28, 29 _____

July 25, 26, 27 _____

MEDICAL EMERGENCY RELEASE

In case of a medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I authorize the school to acquire necessary medical attention, including having the child transported to a hospital or medical treatment facility.

Parent Signature _____ Date _____

PHOTO Release

_____ I give my permission for the FBCW Preschool to use images of my child taken at school or school-related events, in any FBCW publications and promotional materials. These may include use in print materials, presentations, and on the FBCW Preschool web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the FBCW Preschool.

_____ I DO NOT wish for my child's picture to be used.