

First Baptist Church of Smyrna  
**Camp DiscoverMe! Preschool Day Camp Registration Form 2011**  
(Age 2 by Sept 1, 2011)  
(\$75.00/week) includes a t-shirt

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birthday \_\_\_\_\_ Age (on 9/1/11) \_\_\_\_\_ Family Email \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**(Please make checks payable to First Baptist Church of Smyrna)**

Camp/Camps child will attend (check all that apply)

Week #5 \_\_\_ Aug 1-4 Down on the Farm      Week #6 \_\_\_ Aug 8-11 Big Apple Adventure

**Person to reach in case of emergency:**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Allergies or Special Information \_\_\_\_\_

Name of church you attend \_\_\_\_\_

T-shirt size (Please circle your choice)    Youth Extra Small (2-4)    Youth Small (6-8)

**PARENTAL PERMISSION FOR ACTIVITY**

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
*(Parent's Name)* *(Child's Name)*

permission to attend CAMP DISCOVERME! on (check all that apply)

Week #5 \_\_\_ Aug 1-4 Down on the Farm      Week #6 \_\_\_ Aug 8-11 Big Apple Adventure

from 9:00 A.M. until 1:00 P.M. with FBC and its designated chaperones/supervisors. I grant Cindi White, Adrian Billingsley, Laurie Turner or any other approved adult sponsor from First Baptist Church Smyrna the right to have my child, \_\_\_\_\_, treated in a doctor's office and/or hospital emergency room should the need arise and I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
PARENT/GUARDIAN

Signature \_\_\_\_\_ Date \_\_\_\_\_  
NOTARY PUBLIC