

SUMMER DEPOT 2018

Tuesdays & Thursdays 12 days

June 5, 7, 12, 14, 26, 28 July 3, 5, 17, 19, 24, 26

Date Received Spreadsheet
\$25 Reg. Fee (per child)
Amount Paid Check #

Ist Chi	ld:						
	Full Name: (First)	(Middle)	(Last)	Name your	child prefers	Birth date	
_							
	Pertinent Allerg	ies M	F	Special reque	ests/needs for yo	ur child	
lr	mportant medical	or behavioral i	nformation to	help your child be	e successful:	 	
Circle:	A (8 weeks-12 mos), B (9:00-1:0 \$225 for the s	0)	4 mos)	Circle: Pre-K 2, Pre-K 3, Pre-K 4, K-I-2(9:00-12:00) (2 by Sept I, 2017, exiting/leaving learning grade) \$200 for the summer			
E	Early Bird (8:00-9:		\$72	Early Bird (8:00-9:00) + \$72 Lunch Bunch (12:00-1:00) + \$72			
2nd Ch	ild:					//	
F	full Name: (First)	(Middle)	(Last)	Name your	child prefers	Birth date	
_							
	Pertinent Allerg	ies M	F	Special reque	ests/needs for yo	ur child	
In	nportant medical	or behavioral ir	nformation to	help your child be	successful:		
Circle	A (8 weeks-12 mos), B	(13-18 mos), C (19-2	4 mos)	Circle Pre-K 2	, Pre-K 3, Pre-K 4	, K-I-2 (9:00-I2:00)	
	(9:00-1:0	,			17, exiting/leaving	learning grade)	
	\$225 for the s Early Bird (8:00-9:		\$72	\$200 for the summer Early Bird (8:00-9:00) + \$72			
•	Larry Bird (0.00-7)		Ψ12		i (12:00-1:00)		
Ist Chil	d	·+		+	=		
2 nd Chile	Class Tuition	Reg Fee (\$25) + +	Early Bird	Lunch Bunch +	Total Fee for Su	ımmer Depot	
	Class Tuition	Reg Fee (\$25)	Early Bird	Lunch Bunch	Total Fee for S	ummer Depot	
Mom's	First & Last Nam	ne:			_ Employer:		
Dad's l	First & Last Name	<u>:</u>			_Employer:		
Address	s:			City		Zip	
Mom's	Cell #:	D	ad's Cell #: _		_		
E-Mail A	Address:						
				#			
مطنحما ٦) o l o o o o o o o o o o o o o o o o o						
				nistry at Temple Baptist Cl r while my child (children)		S, I understand that Temple the Summer Depot. As a	
	collment of my child (child	•	• •	•		-	

Bap which may occur for any cause while my (our) child (children) is (are) in this program. In order to meet all legal requirements, I hereby authorize a representative of TBC to give consent for any and all necessary medical care for my child (children) while in TBC's custody.

Parent's signature: Date:
