



June 18— July 27 9:00 a.m.— 5:00 p.m. Early Drop-Off: 8:00 a.m. Late Pick-up: by 6:00 p.m.

Early Registration (no prorating): \$250 per child for entire summer if paid before June 1

Late Registration (no prorating): \$300 per child for entire summer if paid after June 1

\$25 non-refundable application fee
(application fee will count towards registration fee)

## **Contact:**

National Baptist Memorial Church
1501 Columbia Rd., NW
Washington, DC 20009
(202) 265-1410
nbmckids@msn.com

Online Registration Available First
Week of April at:
WWW.NBMCHURCHDC.ORG



Mission: To show Christ's love and teachings to children and youth by providing a safe, stable, encouraging and fun environment.



## NATIONAL BAPTIST MEMORIAL CHURCH

1501 Columbia Road, N.W. Washington, D.C. 20009 (202) 265-1410 • Fax: (202) 265-8889 nbmckids@msn.COM

Rev. Dr. Charles E. Collins, Jr., Pastor

Register online starting the first week of April at WWW.NBMCHURCHDC.ORG

## **Summer Camp Registration Form**

(Please complete 1 form for each child.)

Camper Name:	
Date of Birth:/	Age (5-12) Sex: M F (circle one)
Address:	
City/ST/Zip	
Home Phone:	Current Grade:
Current School:	
Last Physical Examination D	ate:/
Physician Name:	Physician Phone:
Name of Insurer:	ID#
Any medications to administe	er:
Any allergies or medical cond	ditions:
Food restrictions:	
PARENT/GUARDIAN INFORMA	ATION:
Name:	Relation to child:
Home Phone	Work Phone:
Cell Phone:	Other Phone
Email:	Alternate Email
Emergency contact:	Relationship:
Phone:	Alternate Phone:
Parent/Guardian Signature	Date

## **Important info:**

Registration forms must be received before each child attends the summer camp. Space is limited and registrations are accepted on a first-come, first-served basis. Children need to have completed kindergarten by the start of the camp.

Early Registration: \$250 per child For entire summer if paid before June ` Late Registration: \$300 per child for entire summer if paid after June

\$25 non-refundable application fee (application fee will count towards registration fee)

I give my permission for my child to participate in National Baptist Memorial Church's Summer Camp activities. In case of an emergency, I will be notified immediately, and I authorize an agent of National Baptist Memorial Church to care for my child. If the named emergency contact persons are not available, I give permission for emergency medical care to be administered, giving National Baptist Memorial Church personnel permission to use their judgment in obtaining medical services, and give the physician selected by National Baptist Memorial Church personnel to render medical treatment deemed necessary and appropriate by the physician. By signing below, I agree to waive all rights to hold National Baptist Memorial Church, including staff, volunteers, and representatives thereof, liable for any accident or injury sustained by myself or my child, or damage to any personal property possessed by either, while participating in any National Baptist Memorial Church activity or related programming. I also allow National Baptist Memorial Church staff, volunteers, and associated organizations to take both still and motion pictures of my child during this event, and these images to be used for display and publicity through National Baptist Memorial Church and partners.

Please	check weeks
<u>a</u> 1	ttending:
10 T	22

<u>attending:</u>
June 18-June 22:
June 25-June 29:
July 2*-July 6:
July 9-July 13:
July 16-July 20:
July 23-July 27:
*There will not be camp on
Wednesday, July 4th