

**Lake Bowen Baptist Church Summer Camp**  
**404 Sugar Ridge Road**  
**Inman, SC 29349**  
**(864) 599-6700**

Start Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Male or Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age of Child \_\_\_\_\_ Child's Nickname \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Sibling(s) attending \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_

SC Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

SC Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician \_\_\_\_\_

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

**In case of emergency, notify (other than parents):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Weekly Schedule: (Please provide your child's approximate schedule for arrival and departure.)**

Monday \_\_\_\_\_ am- \_\_\_\_\_ pm

Thursday \_\_\_\_\_ am- \_\_\_\_\_ pm

Tuesday \_\_\_\_\_ am- \_\_\_\_\_ pm

Friday \_\_\_\_\_ am- \_\_\_\_\_ pm

Wednesday \_\_\_\_\_ am- \_\_\_\_\_ pm

How you found out about Lake Bowen Baptist: \_\_\_\_\_.

**Office Use Only:**

Date Enrolled	Classroom	Tuition Amount