

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 |
|---------------|-----------|----------------|
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