



Camp Academia Registration Form

Registration Fees:

- A- \$400 per Student **without** Before and After Care
- B- \$450 per Student **with only** Before Care
- C- \$450 per Student **with only** After Care
- D- \$500 per Student **with both** Before and After Care

Child's Name: _____ Age: _____

Gender: M or F D.O.B. ___/___/___

Current Grade Level: (2010-2011): _____

Address: _____
City: _____ State: _____ Zip: _____

Parents/Guardians: _____
Email(s): _____

Emergency Contact Numbers:

Relationship: _____
Work: () _____ - _____ Cell: () _____ - _____

Home: () _____ - _____

Relationship: _____
Work: () _____ - _____ Cell: () _____ - _____

Home: () _____ - _____

Fees:

Circle Option: **A B C D**

Paid By: Check# _____ (Make Checks Payable to: Camp Academia)
Money Order: _____

Please submit all payments to First Baptist Church Office
to the attention of Rev. Maurice Maxwell

Mail to: First Baptist Church of Vienna
450 Orchard Street, NW
Vienna, Virginia 22180
(703) 938-8525