



SonShine Ministries

First Baptist Church of Mebane
2025 Summer Camp Registration Form

Child's Name: _____

Grade just completed: _____ School last attended: _____

_____ Enclosed is my child's **\$50 non-refundable registration fee** for Summer Camp.

My child will be attending:

_____ full week (\$140/week, includes field trips for the week)

_____ full day (\$35, does not include field trips)

_____ part day (4 hours or less per day for \$25, does not include field trips).

_____ I would like for my child to attend summer camp but will not be paying the registration fee.

(This option is only available if space is available for the weeks you want your child to attend.)

My child will be attending: **(Registered full week children have 1st priority.)**

_____ full week (\$155/week, includes field trips for the week)

_____ full day (\$45/day, does not include field trips)

_____ part day (4 hours or less per day for \$35/day, does not include field trips).

Please indicate which weeks/days your child will attend summer camp.

You will be financially responsible for the weeks/days indicated regardless of attendance.

_____ Week of June 9th

_____ Week of June 16th

_____ Week of June 23rd

_____ Week of June 30th

(Closed Friday, July 4th)

_____ Week of July 7th

_____ Week of July 14th

_____ Week of July 21st

_____ Week of July 28th

_____ Week of August 4th

_____ Week of August 11th

_____ Week of August 18th
(Closed Friday, August 22nd)

By signing this form, I am acknowledging that I have read the Parent Handbook of First Baptist SonShine Ministries and that I am responsible for paying for all the time that I have indicated my child will attend.

Signature: _____ Date: _____

This form must be returned by March 4th in order to keep your child's spot.