

True Light Fellowship Summer Day Camp

6400 Ardleigh Street ~ Philadelphia, PA 19119

(215) 548-5053 ~ FAX (215) 548-3732 ~ WEBSITE: truelightfellowship.org

Dr. Wesley Pinnock, Senior Pastor & Founder * Beverly A. Burrows, MBA, Director of TLF Summer Day Camp * Lisa Williams, BS. and Muriel James, Registrars

I am registering as a REGULAR TEEN SUMMER SCHOOL CCIS **Camper**

1st Camper _____ M F Birth Date _____

2nd Camper _____ M F Birth Date _____

3rd Camper _____ M F Birth Date _____

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Tele. # (Day) _____ (Night) _____

PERSON AUTHORIZED TO PICK UP YOUR CHILD(REN)

Name _____ Relationship _____ Tel. # _____

Name _____ Relationship _____ Tel. # _____

LOCAL EMERGENCY CONTACT

Name: _____ Relationship _____

Address _____ Zip Code _____ Tel.# _____

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CAMP AGREEMENT: My signature below certifies that I have received a Parent/Guardian's Handbook. I agree to support and adhere to the policies and procedures for attendance at TLF Summer Day Camp, and that all information given is true, correct, and complete.

All fees are due every Friday before the week of attendance: Late charge fees are \$10.00 per child, plus an additional \$5.00 after 15 minutes, is to be paid directly to the teacher that is left to care for your child.

APPLICATION FEE: Amt. Due \$5.00 Amt. Pd. \$ _____ Receipt # _____

WEEKLY FEE: Amt. Due _____ Amt. Pd. \$ _____ Receipt # _____

Parent/Guardian Signature _____ **Date** _____

Verified By _____ **Date** _____