

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** _____