



June 3, 2019 – August 9, 2019
Palm Beach Baptist Church
Camp Registration Form

Camp Logos' AMAZING 10 week fun-filled summer camp is just around the corner! Your child will be challenged with math, language arts, science, and history enrichment activities fostering their love of learning and giving them an academic edge. Campers will also enjoy all of our field trips, games, athletics, swimming, arts and crafts, music, drama, dance, and social activities that make being a kid so FUN! Nurturing highly qualified teachers and counselors will provide the best of care for your student and support their individual growth through Christ-centered devotions, prayer, and encouragement.

Please return registration forms and payments to:
 Camp Logos c/o Jamey Akien at Palm Beach Baptist Church
 5217 South Military Trail
 Lake Worth, FL 33463

All checks must be made payable to: [Logos Education Services](#)
 Please write **Camp Logos, child's name, and camp week** in the memo line.

YOU MAY ALSO REGISTER AND PAY ONLINE AT www.gocamplogos.com

Camp Times

Camp times are 8:00 a.m. to 4:00 p.m.
Extended Care times begin at 7:30 a.m. and end at 4:30 p.m. (see fee policy for late pick-up)

Camp Tuition

Camp tuition is \$135.00 per week per student

\$35.00 Non-Refundable Deposit Per Camper	
<i>Due at registration to reserve your space. This applies to camp tuition.</i>	
Weeks	Tuition and Fees Balance Deadlines
Weeks 1 - 4	June 3, 2019
Weeks 5 - 8	June 10, 2019
Weeks 9 - 10	July 22, 2019

If camp tuition and fees are not paid in full by the above dates, Logos Education Services reserves the right to cancel enrollment for all registered weeks. \$35 returned check fee will apply. **No refunds** when payment is received.

Camp Shirts

Camp Shirts must be worn daily. One shirt is included at registration. Additional shirts may be purchased for \$10 each.



CAMP LOGOS

Camp Registration Form

COMPLETE ONE APPLICATION FORM FOR EACH CHILD (PLEASE PRINT)

CHILD INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____

Date of Birth: ____/____/____ Sex: Male Female

Last School Attended: _____

Most Recent Grade: _____

Shirt Size (Circle Size): S M L XL # of Extra Shirts: _____

MEDICAL DETAILS

Physician's Name: _____

Physician's Telephone Number: (____) _____

PLEASE LIST ANY MEDICAL CONDITIONS OF WHICH CAMP LOGOS SHOULD BE AWARE (e.g. health problems, allergies)

I GIVE CAMP LOGOS PERMISSION TO ADMINISTER MY CHILD THE FOLLOWING: (Check all that apply)

- Calamine Lotion (rashes, bites, itching)
- Peroxide
- Antibacterial Ointment (minor cuts/ bruises)

GUARDIAN INFORMATION

Father's Name / Guardian #1

Name: _____

Check here if home address & home phone is same as child's

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Work Phone Number: (____) _____

Email Address: _____

Mother's Name / Guardian #2

Name: _____

Check here if home address & home phone is same as child's

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Work Phone Number: (____) _____

Email Address: _____

Emergency Contact Name _____

Emergency Contact Number (____) _____

Who is authorized to pick up child from camp other than the Guardian(s)? (List all names)

PLEASE CHECK SESSION(S) YOUR CHILD WILL ATTEND

<input checked="" type="checkbox"/>	WEEK	DATES	<input checked="" type="checkbox"/>	WEEK	DATES
<input type="checkbox"/>	1	June 3-7	<input type="checkbox"/>	6	July 8-12
<input type="checkbox"/>	2	June 10-14	<input type="checkbox"/>	7	July 15-19
<input type="checkbox"/>	3	June 17-21	<input type="checkbox"/>	8	July 22-26
<input type="checkbox"/>	4	June 24-28	<input type="checkbox"/>	9	July 29-Aug 2
<input type="checkbox"/>	5	July 1-5 (Closed July 4th)	<input type="checkbox"/>	10	August 5-9

* Camp is closed on July 4