

NFB CAMP REGISTRATION FORM

Completed form and fees must be received on or before June 15

Parent's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Cell Phone _____

Child(ren)'s Name(s)

_____ Age _____ Date of Birth _____

_____ Age _____ Date of Birth _____

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Include description of any disabilities or allergies we should know about:

Who, other than parents, is allowed to pick up your child(ren)? _____

Per Week: \$100 first child, \$75 siblings # of Children _____ \$ _____

(Does not include banquet)

Per Day: \$25 per child per day

of Days _____ x \$25 child \$ _____

(Does not include banquet) T Th F Sa Su (circle)

Banquet: \$25 per child # of children _____ \$ _____

_____ Turkey Sandwich _____ Cheese Sandwich

We understand that NFB Camp is being provided as a service to make our convention more enjoyable for both parents and children. We will pick up children immediately following sessions. We understand that, if our child(ren) does not follow the rules or if for any reason staff are unable to care for our child(ren), further access to childcare will be denied.

Parent's Signature _____ Date _____