

2025 SUMMER FUNDAYS REGISTRATION FORM

COST: \$190 PER WEEK

Return this form, along with payment (Cash or check only) to: FPK MAO

206 Willowbend Road, Peachtree City, GA 30269

FEES ARE NON-REFUNDABLE UNLESS FPK IS NOTIFIED AT LEAST ONE WEEK PRIOR TO CAMP.

Please register my child for: (Circle dates) June 9-13 July 14-18

Child's First and Last Name _____

Birthdate _____ **M** _____ **F** _____

Parents' Names _____

Parent 1 Contact # _____ **Parent 2 Contact #** _____

Address _____

E-mail address _____

Food allergies _____

Medical Concerns _____

Child's Physician and Telephone _____

Emergency Contact (Name and telephone) _____

Camp Buddy: You may request a friend or classmate the same age as a Camp Buddy. We will do our best to fulfill your request, however, it is not guaranteed.

Camp Buddy Request:

In case of an emergency and I am unable to be contacted, I authorize First Presbyterian Church and/or Kindergarten staff to seek medical assistance for my child at the nearest hospital. I understand that FPK will make every effort to prevent accidents, but if one occurs, neither FPK nor First Presbyterian Church will be held liable.

Parent Signature _____

Date _____