



Bay Leaf Baptist Church  
 12200 Bayleaf Church Rd  
 Raleigh, NC 27614  
 919.847.4477  
 www.bayleaf.org



# WEDNESDAYS

## ALL WEDNESDAYS 2010-2011

9:30 AM - 1:30 PM  
 6 Weeks - 5 Years

Sept 1 - May 25 (excludes Nov 24; Dec 15, 22, 29)  
**WALK-IN DATES (If available)**

Cost: \$25 per day      Registration Fee: \$25

___ Sept 1	___ Oct 20	___ Jan 5	___ Feb 23	___ Apr 13
___ Sept 8	___ Oct 27	___ Jan 12	___ Mar 2	___ Apr 20
___ Sept 15	___ Nov 3	___ Jan 19	___ Mar 9	___ Apr 27
___ Sept 22	___ Nov 10	___ Jan 26	___ Mar 16	___ May 4
___ Sept 29	___ Nov 17	___ Feb 2	___ Mar 23	___ May 11
___ Oct 6	___ Dec 1	___ Feb 9	___ Mar 30	___ May 18
___ Oct 13	___ Dec 8	___ Feb 16	___ Apr 6	___ May 25

### S.O.S. Package

*This package includes teacher workdays and holidays available for your child to attend. These dates are not included in the above schedule.*

Price for package = \$150.00

October 1 (WCPSS workday)

April 1 (workday)

April 18-21 (Spring Break - WCPSS)

Child's Name \_\_\_\_\_ Name Called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School child is attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Medical or other information we need to know. (Please include any allergies, especially food allergies or special needs): \_\_\_\_\_

\*If you have already turned in a medical release form for Little Lambs you do not need to do another one.

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who may pick up your child at the end of camp each day? Please list all names of those eligible.  
 \_\_\_\_\_

Other Information: Do you attend church or Sunday School? If so, where: \_\_\_\_\_