



2026 CFC ACADEMY FUN IN THE SUN SUMMER CAMP REGISTRATION FORM

CAMPER STATUS:			CONTACT INFORMATION:	
<input type="checkbox"/> New Camper	<input type="checkbox"/> Returning Camper	Grade to Enter in Fall 2026: _____	101 South Peachtree Street P.O. Box 510 Creedmoor, NC 27522 OFFICE: (919) 528-1581 ext. 112 FAX: (919) 528-4380 WEBSITE: www.cfcacademy.com	
<p>Non-refundable Registration fee of \$35.00 due to reserve space prior to the date selected for camp.</p>				

SUMMER ADVENTURES CAMP (K-6TH GRADES)					
Please indicate weeks attending with a check mark.					
___ June 8 – June 12	___ Jun 29 – July 3	___ July 20 – July 24			
___ June 15 – June 19	___ July 6 – July 10	___ July 27 – July 31			
___ June 22 – June 26	___ July 13 – July 17	___ August 3 – August 7			

Please read carefully and complete all of the following information.

CAMPER INFORMATION:					
Last Name:		First Name:		Middle Name:	
Home Address:			City:		State:
Zip Code:	Child Birthdate: / /	Gender (Male or Female):	Name of Present or Last School Attended:		
Has your child been diagnosed with autism, dyslexia, ADD, or ADHD?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:		
Email Address:					

FATHER'S/MOTHER'S/GUARDIAN'S EMERGENCY CONTACT & CHILD RELEASE INFORMATION:			
<i>Please list in order of priority the names, addresses, and phone numbers of the persons you wish us to contact in the event you cannot be reached in an emergency. This list will also be used if your child has not been picked up from school on time or for student release authorization.</i>			
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father Mother Guardian Other
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father Mother Guardian Other
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father Mother Guardian Other



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CURRENT HEALTH STATUS

CHILD'S NAME:

Last Name:

First Name:

Middle Name:

1. Does the child have any chronic health problems? Yes No

If yes, please describe:

2. Does the child use any medication regularly? Yes No

If yes, please describe:

3. Does the child have: (Check all that apply) Asthma: Hay Fever: Diabetes: Migraines:
Seizures: Hypoglycemia: Heart Problems: Allergies:

Please list all allergies (including food allergies):

4. Does the child have any physical limitations? Yes No

If yes, please describe:

5. Does the child have difficulty hearing? Yes No

Does the student wear hearing aides? Yes No

6. Does the child have difficulty seeing? Yes No

Will the child wear glasses or contact lenses at the camp? Yes No

CONSENT:

I hereby give consent to Christian Faith Center Academy to obtain medical attention for my child in the event of an emergency.

I hereby give consent for my child to attend camp sponsored field trips.

*** Current Immunization & Physical are required before first day of camp.**

Signature of Parent/Guardian

Date

Please notify the school office of any changes in address, phone numbers, emergency information or other vital information.