

# BJA SUMMER PROGRAMS REGISTRATION

A \$50 NON-REFUNDABLE REGISTRATION FEE IS DUE WITH THIS FORM.



Child's Legal Name \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

Preferred Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade entering next school year \_\_\_\_\_  
MM DD YEAR

Student Resides With  Both parents  Father  Mother  Other \_\_\_\_\_

ADDRESS CITY STATE ZIP

( ) ( )  
HOME PHONE CELL PHONE EMAIL\*

Does your child have any special physical, mental or emotional needs?  Yes  No If yes, please explain. \_\_\_\_\_

Has your child ever been placed on probation, denied enrollment, suspended or expelled by any school or summer camp program?

Yes  No If yes, please explain. \_\_\_\_\_

## FAMILY INFORMATION

**Check one**  Father  Stepfather  Guardian

TITLE FIRST MIDDLE LAST SUFFIX

ADDRESS CITY STATE ZIP

( ) ( ) ( )  
HOME PHONE CELL PHONE WORK PHONE

EMAIL\*

**Marital status**  Never married  Married  Separated  Divorced  Divorced and remarried  Widowed

**Check one**  Mother  Stepmother  Guardian

TITLE FIRST MIDDLE LAST SUFFIX

ADDRESS CITY STATE ZIP

( ) ( ) ( )  
HOME PHONE CELL PHONE WORK PHONE

EMAIL\*

**Marital status**  Never married  Married  Separated  Divorced  Divorced and remarried  Widowed



\*By providing your email address, you agree to receive email from BJA/BJU.

# CHURCH INFORMATION

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CHURCH NAME CITY STATE ZIP

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PASTOR DENOMINATION

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( )  
CHURCH PHONE CHURCH EMAIL ADDRESS WEB ADDRESS

Describe your church attendance

- Weekly (1–3 times per week)
- Occasionally (1–2 times per month)
- Rarely (less than once a month)
- Never

Are you a member of this church?  Yes  No

## FAMILY AGREEMENT

### I agree

- To the statement of faith and position statements of Bob Jones Academy (available at [www.bobjonesacademy.net/about](http://www.bobjonesacademy.net/about)).
- To support the mission and policies of BJA's Summer Programs as stated in the Summer Programs handbook.
- To honor all financial obligations to the school in a timely manner.

**I certify that the information given on all application materials is complete and accurate.**

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SIGNATURE OF PARENT OR GUARDIAN DATE

Please submit all documents via (choose one):

- Mail to  
Summer Programs Registration  
Bob Jones Academy  
1700 Wade Hampton Blvd.  
Greenville, SC 29614
- Fax to (864) 271-7278
- Scan and email to [daycamp@bobjonesacademy.net](mailto:daycamp@bobjonesacademy.net)

If you are registering a child that is under the age of 5, please also submit the following documents:

- Copy of child's birth certificate
- Copy of child's immunization record
- DSS 2900 form (Statement of Health for Admission to Child Care)
- Discipline policy form (available in the office and BJA website)