

*Welcome to First Baptist Elkin
Summer Camp!*

Summer Camp 2017

We are excited to have you join us this summer!

Here are some reminders that will help you:

- Pack a small healthy snack with 100% juice or water.
- Pack a lunch for your child and include juice box—NO Hi-C, Koolaid, or Colas PLEASE!
- A change of clothes for all children under 6! We get really messy sometimes.
- Have your child here on time! The fun starts at 8:00 am and your child will not want to miss anything!
Doors open at 7:45 am.
- Tuition is due no later than the 1st day of the month.
- Please send diapers/pull ups and wipes for your child if they are not potty-trained.

Dates of camp:

June 12 — August 17th Monday—Thursday
8:00am—1:00pm (4 day option only)

Closed week of July 4th

Tuition : \$175 per month per child. (no discounts, no registration fees)

We look forward to seeing you soon!

Mrs. Pat Eaton, Camp Director
And Camp Staff

Date Submitted: _____

FIRST BAPTIST CHURCH, ELKIN NC

**Summer Camp
(SUMMER 2017)**

REGISTRATION FORM

(6 months thru Kindergarten)

* Age as of **Aug. 31, 2016** _____

Child's Name _____ Date of Birth _____

Name child goes by _____

Parent's Names: _____

Address _____

Home Phone _____ Business Phone _____

Brothers/Sisters Names & Ages _____

Medical History (past illnesses, surgery, allergies, present medical and physical problems, etc)

Special Likes: _____

Fears or Dislikes _____

Is there anything else we should know about your child? _____

Doctor - Address - Phone _____

Dentist - Address - Phone _____

Hospital Preference _____

Name-Address - Phone # of an adult other than the parents to contact in case of illness or emergency if parents cannot be reached _____

**Program tuition: \$175.00 per month per child
NO registration fees**

**June 12th — August 17th Monday—Thursday
Closed week of July 4th**

**I understand my child will be enrolled for the
full camp June 12th - August 17th _____.**

FIRST BAPTIST CHURCH, ELKIN NC
Summer Camp
PERMISSION AUTHORIZATIONS

MEDICAL RELEASE

Child's Name _____

Address _____

Birth date _____ Phone _____

Emergency person and phone _____

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

PICK-UP

I, _____ give _____

(parent or guardian)

My permission to pick up my child(ren), _____

(child's name)

Signature _____ Date _____

FIRST BAPTIST CHURCH, ELKIN NC
Summer Camp

IMMUNIZATION FORM

Date _____

_____ is up to date on all immunizations.
(Child's Name)

(Physician's Signature)

(Date)

(date of last tetanus shot)

This form is not needed if your child is currently enrolled in our Playschool program.

We do not want a copy of your child's shot records. We only need your child's physician's signature stating your child is able to participate in this public setting.