

# FIRST KIDS KAMP

**June 24-27, 2019**

**8:30am-4:00pm**

**Camp Fee: \$70/child \$160/family**

**For children ages 3 years - 5<sup>th</sup> grade (completed).**





Monday through Thursday, June 24-27, 2019 // 8:30am – 4:00pm  
Early drop-off 7:45am // Late pick-up by 5:15pm

**Mornings:** Campers will spend the morning in various age appropriate activities including Vacation Bible School curriculum, crafts, music, recreation, outdoor activities and storytelling.

**Afternoons:** After lunch the children will go on various field trips that may include swimming, trampoline park fun, and going to the movies. *See detailed schedule of afternoon activities by age and lunch menu at [fbclufkin.org/children](http://fbclufkin.org/children).*

All campers will be provided 2 snacks and a lunch each day. Every camper will also receive a First Kids Kamp t-shirt to remind them of the great time they had at camp!

**Cost:** The cost for camp is \$70 per child, maximum of \$160 per immediate family.

**Registration:** March 1 – May 31: \$70 (\$160 max) Late Registration: June 1 – 15: \$85 (\$200 max)  
Please register online at [fbclufkin.org/children](http://fbclufkin.org/children) or return form and fees to the FBC Lufkin office. Late registration will be through the office only (not online). Register early, space is limited! (You are not registered until fees are paid.)

**Contact:** Katie Baker at the church office, 936-634-3386, or email [katie@fbclufkin.org](mailto:katie@fbclufkin.org) for more information.

#### PARENT INFORMATION

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Do you attend a church? ☐ Yes ☐ No Church Name \_\_\_\_\_

#### CAMP FEES & OPTIONS Registration: March 1 - May 31 Late Registration: June 1 – 14

Fees: \$70 per camper (\$160 maximum per immediate family) Late registration is \$85 (\$200 max)

Pick Up/Drop Off Options: ☐ Early Drop Off (7:45-8:30am) ☐ Late Pick-Up (by 5:15pm)

Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check# \_\_\_\_\_ ☐ Cash

## CHILD 1 INFORMATION

Name\_\_\_\_\_

Birth Date\_\_\_\_\_Age\_\_\_\_\_ ☐Male ☐Female

Current Grade: ☐PreK ☐K ☐1<sup>st</sup> ☐2<sup>nd</sup> ☐3<sup>rd</sup> ☐4<sup>th</sup> ☐5<sup>th</sup>

Shirt Size: Youth ☐XS ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L

## CHILD 1 HEALTH INFORMATION

Physician Name\_\_\_\_\_Phone\_\_\_\_\_

Are there any health issues/concerns (ie seizures, asthma, allergies)? ☐No ☐Yes

Please explain\_\_\_\_\_

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? ☐No ☐Yes Please explain\_\_\_\_\_

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

## CHILD 2 INFORMATION

Name\_\_\_\_\_

Birth Date\_\_\_\_\_Age\_\_\_\_\_ ☐Male ☐Female

Current Grade: ☐PreK ☐K ☐1<sup>st</sup> ☐2<sup>nd</sup> ☐3<sup>rd</sup> ☐4<sup>th</sup> ☐5<sup>th</sup>

Shirt Size: Youth ☐XS ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L

## CHILD 2 HEALTH INFORMATION

Physician Name\_\_\_\_\_Phone\_\_\_\_\_

Are there any health issues/concerns (ie seizures, asthma, allergies)? ☐No ☐Yes

Please explain\_\_\_\_\_

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? ☐No ☐Yes Please explain\_\_\_\_\_

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

### CHILD 3 INFORMATION

Name\_\_\_\_\_

Birth Date\_\_\_\_\_Age\_\_\_\_\_ ☐Male ☐Female

Current Grade: ☐PreK ☐K ☐1<sup>st</sup> ☐2<sup>nd</sup> ☐3<sup>rd</sup> ☐4<sup>th</sup> ☐5<sup>th</sup>

Shirt Size: Youth ☐XS ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L

### CHILD 3 HEALTH INFORMATION

Physician Name\_\_\_\_\_Phone\_\_\_\_\_

Are there any health issues/concerns (ie seizures, asthma, allergies)? ☐No ☐Yes

Please explain\_\_\_\_\_

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? ☐No ☐Yes Please explain\_\_\_\_\_

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

### CHILD 4 INFORMATION

Name\_\_\_\_\_

Birth Date\_\_\_\_\_Age\_\_\_\_\_ ☐Male ☐Female

Current Grade: ☐PreK ☐K ☐1<sup>st</sup> ☐2<sup>nd</sup> ☐3<sup>rd</sup> ☐4<sup>th</sup> ☐5<sup>th</sup>

Shirt Size: Youth ☐XS ☐S ☐M ☐L ☐XL Adult ☐S ☐M ☐L

### CHILD 4 HEALTH INFORMATION

Physician Name\_\_\_\_\_Phone\_\_\_\_\_

Are there any health issues/concerns (ie seizures, asthma, allergies)? ☐No ☐Yes

Please explain\_\_\_\_\_

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? ☐No ☐Yes Please explain\_\_\_\_\_

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

## PICK-UP POLICY

Participants will ONLY be released to Mother/Father/Guardian unless otherwise noted below. Please list any OTHER individuals you authorize to pick up your child/children. Each authorized person must be at least 16 years of age. Your children will not be permitted to leave the camp with anyone not listed below. All authorized individuals may be required to show identification and sign the children out each day. Any changes must be made in writing.

Pick-Up Person Name

Phone

Relationship to child

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## LATE PICK-UP POLICY

Children must be picked up by 5:15 pm.

I have read, understand and agree to the above policies for day camp programs.

Signature

Date

Printed Name

## ACTIVITY PROGRAM/FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby represent and warrant that I am the guardian of (list all children) \_\_\_\_\_

and am authorized to provide the releases, authorizations and permissions as stated below and all information above is accurate and complete. I hereby give permission for the child/children listed above to participate in all program activities, including field trips in approved vehicles, vans or buses, and agree to release First Baptist Church Lufkin, its agents, officers, employees and servants from all liability arising from any harm or injury incurred by the participation of my child in First Kids Kamp. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use of promoting First Kids Kamp may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of First Kids Kamp and First Baptist Church Lufkin to obtain medical/hospital treatment for the above participant in the event of an emergency.

Signature

Date

Printed Name