



Summer Kids Camp 2024 - Registration

*** THIS FORM MUST BE COMPLETED FOR EACH INDIVIDUAL CHILD.***

Event Dates: July 8 - August 1, 2024 (Mondays-Thursdays, half/full day options)

Campers will take part in a final presentation for parents and family on Friday, August 2 @ 7:00pm

Event Address: 9133 Mines Ave., Pico Rivera, CA 90660

Contact us at (562) 335-0243 or fbbchurch.kids@gmail.com

** Indicates required question*

1. Email *** _____

CHILD INFORMATION

2. Child's First & Last Name *** _____

3. Child's Primary Home Address _____

4. Child's Age *** _____

5. Child's Birthday _____

6. Grade Completed *** _____

7. What is your child's T-shirt size? ***
Circle only one.

Youth XS

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

8. Please check the preferred option(s) for your child. ***
Mark only one.

☐ Half Days (Mon-Thur, 9:00AM - 12:00PM, snack included, no lunch, \$100 for all 4 weeks)

☐ Full Days (Mon-Thurs, 9:00AM - 3PM, snacks and lunch included, \$200 for all 4 weeks)

9. After Care is available for an additional cost of \$100 for all 4 weeks.

After Care is Mon-Thurs, 3:00-6:00PM. An additional snack is included.

Please Note: After Care may be cancelled if there are not enough participants. A refund will be issued.

Will this child be enrolled in After Care?

Mark only one.

☐ Yes, this child will be enrolled in After Care

☐ No, this child will NOT be in After Care

PARENT/GUARDIAN INFORMATION

10. Name of Parent/Guardian #1 * _____

11. Parent/Guardian #1 - Phone Number * _____

12. Preferred Contact Method *

Mark only one.

☐ Email

☐ Phone Call

☐ Text Message

☐ Other: _____

13. Name of Parent/Guardian #2 _____

14. Parent/Guardian #2 - Phone Number _____

EMERGENCY INFORMATION

In the event of an emergency, besides the parent(s)/guardian(s) listed above, whom else may we contact?

15. Emergency Contact 1 (Other than parent/guardian) * _____

16. Phone Number * _____

17. Emergency Contact 2 (Other than parent/guardian) _____

18. Phone Number * _____

19. Child's Doctor _____

20. Doctor's Phone Number _____

21. Does the child have any allergies or special needs? * _____

DISMISSAL INFORMATION

Please note, that all individuals must show identification to pick up the child.

In addition to the parent(s)/guardian(s) previously listed, who else has permission to pick up the child at the end of each day?

22. Name * _____

23. Relationship to Child *

Mark only one.

☐ Parent

☐ Grandparent

☐ Sibling (must be 16 years or older)

☐ Family Friend

☐ Other: _____

24. Name * _____

25. Relationship to Child *

Mark only one.

☐ Parent

☐ Grandparent

☐ Sibling (must be 16 years or older)

☐ Family Friend

☐ Other: _____

26. Name _____

27. Relationship to Child

Mark only one.

☐ Parent

☐ Grandparent

☐ Sibling (must be 16 years or older)

☐ Family Friend

☐ Other: _____

28. Name _____

29. Relationship to Child

Mark only one.

☐ Parent

☐ Grandparent

☐ Sibling (must be 16 years or older)

☐ Family Friend

☐ Other: _____

30. Relationship to Child

Please list the names and relation of any specific people NOT allowed to pick up the child.

ADDITIONAL INFORMATION

31. How did you hear about this camp?

Mark all that apply.

- ☐ Friend (list name below) ☐ Church (list name below) ☐ Flyer
☐ Internet ☐ Social Media ☐ Other: _____

32. We heard about this camp from... _____

33. Do we have permission to photograph your child as they participate in camp activities? *

Mark only one.

- ☐ Yes ☐ No

34. Additional Comments _____

By signing below, you agree that all your information is true and accurate:

35. Parent/Guardian Signature * _____

36. Date * _____

PAYMENT

37. How do you intend to pay? (All fees must be turned in by or before July 8th.) *

Mark only one.

- ☐ Cash (can be paid on the first day of Summer Camp, July 8)
☐ Check (please make checks payable to FIRST BILINGUAL BAPTIST CHURCH)
☐ Online

TO PAY ONLINE

1) Click: <https://give.cornerstone.cc/fbbchurch>

2) For giving amount, click "Other"

3) Enter the total amount based on the number of children you are registering and the options you selected:

Half day (\$100/child), Full Day (\$200/child), After Care (+\$100/child)

4) Under "Designation" type "Kids Camp"

5) Click "Donate"

6) Fill out the billing information

7) In the "Comments" section, give the full name of each child you are paying for.

8) Click "Check Out." An email receipt will be sent to the email you provided for payment.