

Kids of the Kingdom Summer Camp

First Baptist Church Family Life Center

Cost: \$120/week
7:30 am-5:30 pm
Grades K-6 (rising)

*Sign up for one week or the whole summer**

Limited Space so sign up soon!

- _____ **Week 1: Outdoor Adventures (June 10-14)**
Hiking, fishing, climbing, exploring, picnics
- _____ **Week 2: Splish Splash! (June 17-21)**
Splash around in pools and lakes. Water games and water fun.
- _____ **Week 3: Sports Extravaganza! (June 24-28)**
Enjoy all different sports!
- _____ **Week 4: Party in the USA! (July 1-3) Closed July 4-5 (Cost \$75)**
Enjoy patriotic games, crafts, and food!
- _____ **Week 5: Mystery Week (July 8-12)**
Do you like surprises? You will love this week!
- _____ **Week 6: Anything Goes! (July 15-19)**
Enjoy trying new things. Use your creativity!
- _____ **Week 7: Community Outreach (July 22-26)**
Time to give back: work with several nonprofits.
- _____ **Week 8: Wild West (July 29-Aug. 2)**
Visit a ranch, enjoy horses, learn how to swing a rope
- _____ **Week 9: Amazing Animals Aug 5-9)**
Explore the animals God created, visit a zoo
- _____ **Week 10: Ooey Goey! (August 12-16)**
Time to paint, sculpt, spray, and be artistic
- _____ **Week 11: Our Favorites (Last week before school!) (August 19-23)**
Have a blast as we say good-by to summer! **This week will include your choice of favorites from the summer**

Each week will include the following: devotions, swimming every Monday and Friday, movies, snacks, cooking, crafts, and lots of fun. Above activities are subject to change due to scheduling. Two snacks included each day. Please pack a lunch. Access to microwave and refrigerator in the FLC. *Enrollment is limited so hurry to reserve your space!*

Check the above weeks you wish your child to attend and fill out the registration form.

First Baptist Church

Name of Child _____
Age _____ Birthdate _____
School _____ Grade(rising) _____

Family Information:

Father's Name _____ Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____
Mother's Name _____ Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____

Other emergency contacts:

Name _____ Phone _____

Information about your child:

Any allergies? _____
Any medical conditions? _____

Emergency Care information:

Name of child's Doctor _____ Phone _____
Hospital Preference _____

I agree to allow First Baptist Church to seek emergency medical care in the event that I cannot be reached.

Signature of parent _____ Date _____

The undersigned agrees to indemnify and hold harmless First Baptist Church of Sanford, NC, a NC nonprofit corporation (Church) from any loss, damages, or liability of any kind, including property damage, attorneys' fee, personal injury or death to the undersigned or student, arising out of use of the Church's facilities or premises. The undersigned further agrees that the undersigned policy of insurance shall insure against any losses, damages, or liability as described above, and not any insurance coverage provided by the Church, and the undersigned agrees that such insurance shall be in full force and effect at the time of use of the Church's facilities.

Date _____ Signature of parent _____