individuals you authorize to pick up your child Your child will not be permitted to leave the obe required to show identification and sign the	camp with anyone	not listed b	pelow. All authorized individuals may
Name	Phone Num	nber	Relationship
1			
2			
3			
4			
LATE PICK-UP FEE POLICY			
You will be charged \$5.00 if you do not pick minutes you are late, you will be assessed an participant. Thank you for your cooperation.	n additional fee of		
I have read, understand and agree to the abo	ove policies for the	e day camp	programs.
Signature	Date	Print p	arent/guardian name
ACTIVITY PROGRAM/FIELD TRIP LIABILITY I	RELEASE/AUTHO	RIZATION	
I hereby represent and warrant that I am guar to provide the releases, authorizations and per and complete. I hereby give permission for _activities, including field trips in approved ver Texas, its agents, officers, employees, and see the participation of my child in Camp Phisher at the time of registration, photographs of participating in the program activities. It be released under any circumstances except staff of Camp PhisherKidz and First Baptist C	ermissions as statements and agree to ervants from all liadical Unless other ticipants for use on No personal informas required by lav	prelease Fibility arising erwise indicorpromotion otherw. By way of	and all information above is accurate to participate in all program irst Baptist Church of San Marcos, ag from any harm or injury incurred by cated by a parent/guardian in writing ag Camp PhisherKidz may be taken er than the participant's first name will of copy of this form, I authorize the
for the above participant in the event of an er		Jos, Texas,	to obtain medicaly nospital treatment

Participants will ONLY be released to Mother/Father/Guardian unless otherwise noted. Please list any OTHER

PICK-UP POLICY



July 8-11, 2024

8:30 am-4:30 pm

Camp Fee:
\$110/Child*
\$330/Family*

*Late Registration Fee will be assessed per child: July 1-7, 2024

For Children who have completed Kindergarten through 6th grade.

325 West McCarty Lane San Marcos, Texas 78666

First Baptist Church

(512) 392-3377

www.sanmarcosfbc.org



Camp PhisherKidz is 4 full days of fun, 8:30-4:30, Monday through Thursday, July 8-11, 2024. Early drop-off 7:50, Late pick-up by 5:15

Camp PhisherKidz combines 2 distinct camps:

<u>Children's Camp</u>—This camp is designed for children who have completed Kindergarten through 4th grade. Campers will spend the morning in various age appropriate activities including: crafts, music, recreation, outdoor activities and storytelling. After lunch the children will go on various field trips which may include: Bowling, Movie, Urban Air, or others.

5/6 Camp—This camp is designed for children who have completed 5th and 6th grade. These campers will follow their own schedule of morning activities which will include music, recreation and fun. They will also go on field trips each afternoon.

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

The cost for camp is \$110/child, maximum of \$330/per immediate family.

Registration Schedule

Sunday, April 28-Sunday, June 30

Monday, July 1-Sunday July 7

Late Registration (\$25 per child late fee.)

There is no Family Max discount during Late Registration.

Registration beginning July 8 will include a \$50/child late fee.

T shirts after June 30 are not guaranteed.

Please call the church office for registration approval after Sunday June 30.

Please return form and fees to FBC office ASAP!

Register early—spaces are limited!

You are not registered until fees are paid.

If you need additional information, contact Melinda Hall at the church office. 512-392-3377

CIRCLE GRADE COMPLETED							
Kindergarten	1st	2nd	3rd	4th	5th	6th	
AMP FEES							
\$110 per camper — \$330 r	maximum p	er immediate	family (\$25 p	oer child <mark>lat</mark>	e registratio	n fee July 1–July 7.)	
Amount Paid:		Date:		Check #		Cash	
PARTICIPANT INFORMATION	–please print	legibly					
Name							
Address				City		Zip	
3irth Date				Age		M / F (circle one)	
Shirt Size (circle one) You	th S I	M L XI	L Adult	S M	L XL	XXL	
Email							
f possible, please group my cl	hild with thi	s friend:					
Mother/Guardian Name ——	Best Phone —						
ather/Guardian Name ———	Best Phone —						
Emergency Contact Name — other than parent/guardian)				Best Phor	ne		
other than parenty guardianly							
HEALTH INFORMATION							
Name of Physician	Phone Number						
Are there any health issues/co	oncerns (i.e.	. seizures, as	thma, allergie	s)? 🗆 No	□ Yes If y	es, please explain.	
Are there any physical, psychia of? □ No □ Yes If yes , please		ioral, emotior	nal or develop	mental con	cerns our st	aff should be aware	
Medication of any kind will no	t be admini	stered by staf	ff unless a pa	rent is cont	acted for an	proval first.	