

First Baptist Church Preschool Summer Camp 2020

Age 4 through grade 1

311 West State Street * Doylestown, PA 18901 * 215-348-5210

Week 1:

Animals and Nature June 15-19

Week 2:

Children's Literature June 22-26

Week 3:

Outer Space June 29-July 3

Week 4:

Sports July 6-10

Week 5:

Science July 13-17

Week 6:

Art camp July 20-24

Week 7:

Water Week #1 July 27-31

Week 8:

Water Week #2 August 3-7

Week 9:

Discover Dinosaurs August 10-14

Each camp includes Bible times, stories, arts and crafts, outdoor activities, and organized games.

For children age 4 (by beginning of camp) through First grade

**Cost of Camp: \$90
After-care on Fridays only: \$10
(Pick up 3pm)**

**Times of Camp: 9am—1pm
(bring a lunch)**

**All camps include
a group snack.**

Preschool Camp Registration (*fill out 1 per child*)

Child's Name: _____

Age by camp start date _____

Parents' names: _____

Mailing address: _____

Father's cell _____

Mother's cell _____ Home phone _____

Allergies/special concerns _____

My child may be picked up by _____

Email _____

Weeks Attending Camp: _____

After-Care on Friday: yes Number of Fridays: _____

Payment Enclosed: _____

***Non-refundable \$25 deposit must be made with registration for each week; balance due 1 week before camp. The deposit of \$25 will go towards your balance of camp. Checks made out to [First Baptist Church](#).*

Permission Slip / Liability Statement

Participation in any of the FBC Children's Camps is on a voluntary basis. First Baptist Church of Doylestown shall not be liable for any injuries, damages, or other such losses which individuals may incur while participating in the camps. Individuals specifically assume all risks of injuries, damages, or other such losses while using any equipment of First Baptist Church. Participants waive any and all claims against First Baptist Church of Doylestown, its trustees, officers, agents and employees for any such injuries, damages or other such losses. In the event of a medical emergency, I understand that 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 necessary professional help, including anesthesia, for the well being of my child.

Parent/Guardian Signature: _____

Date _____

Return this form to:

First Baptist Church

311 W. State St. Doylestown PA 18901

Questions? 215-348-5210 office@fbcdoylestown.org