

Savannah Baptist Center's Kids Camp 2024

FREE

Join us for fun, music, crafts, & games as we learn about Jesus!
Includes lunch and snack!

For Students Ages 5 (by September 1, 2024) to 11
(Must be able to furnish birth certificate upon request)

JULY 15-18

Monday – Thursday

1:00 pm – 3:30 pm

(Arrive at 12:30 pm for lunch, students dismissed at 3:30 pm)

Students must arrive by 1:00 pm each day to be admitted for the day.

Students will be dismissed at 3:30 pm.

Please arrive between 3:15-3:30 pm if your child will be picked up.

****Enroll your child before July 9, 2024****

Complete the attached forms and return to the Savannah Baptist Center as soon as possible to reserve a space for your child. **Please keep this page for your records.**

Any Questions or Concerns, please contact Amber:
912.232.1033 or amber@savbaptistcenter.org

Please Keep this Page for your Records

Savannah Baptist Center

704 Wheaton Street. Savannah, GA 31401-5512

Tel (912) 232-1033 Fax (912) 232-1032 Email: amber@savbaptistcenter.org

STUDENT INFORMATION			
Student's Name (First & Last Name)	Parent/Guardian Phone #:	Students Age:	Student's Date of Birth:
Student's Address:	Zip Code:	My child just completed _____ grade at _____ school.	
		My child will be in _____ grade at _____ school.	
<p>How will your child leave the Savannah Baptist Center? Please choose one of the following. Please inform Amber if your child's plan for leaving the Center changes. We need to be aware of any transportation or pick-up changes. Initial_____</p> <p>_____My child has permission to walk home from the Savannah Baptist Center when summer camp is dismissed each day.</p> <p>OR</p> <p>_____My child will be picked up from the Savannah Baptist Center each day. Who will pick up your child? Please write the first and last names of all the people who have permission to pick up your child below.</p> <p>_____</p> <p>_____</p>			
STUDENT'S MEDICAL INFORMATION			
Does your child have any allergies, medical, and/or special needs?			
PARENT / LEGAL GUARDIAN INFORMATION			
Parent / Guardian Name:		Relationship to student?	
Parent / Legal Guardian Address if different from student:		Home Phone:	
		Cell Phone:	
		Work Phone:	
EMERGENCY CONTACT INFORMATION			
Name of Emergency Contact (if above unable to be reached):		Cell Phone:	Work Phone:
1st			
2nd			
3rd			

Initial that you have read and agree to following guidelines below.

_____ Students must arrive by 1:00 pm each day to be admitted for the day.

_____ Students will be dismissed at 3:30 pm.

_____ Parent/guardian arrives **between 3:15-3:30 pm** if your child will be picked up

PARENT / GUARDIAN: _____

READ AND SIGN BOTTOM OF PAGE AGREEING TO ALL INFORMATION

Savannah Baptist Center Kids Camp Release Form

Parent / Guardian Consent Form:

I grant my child permission to participate in the Savannah Baptist Center Kids Camp July 15-July 18, 2024. My signature below acknowledges responsibility and my agreement that the Savannah Baptist Center, its' sponsors and their agents, officers, and employees are held harmless for all claims for injury and damage.

Medical Information and Treatment Release:

In case of accident or illness requiring immediate medical attention, I authorize a staff member or representative of the Savannah Baptist Center to contact emergency services.

The person(s) listed on the reverse as the emergency contact(s) has (have) legal authority to approve medical attention if I am unable to be reached. This form and my signature below serve as authorization to a hospital and/or licensed physician to render emergency medical treatment in my (Parent/Legal Guardian) absence to the minor child on the reverse.

Intending to be legally bound hereby, I agree to pay all expenses incurred.

Photo / Video / Website Release:

Photos and videotape footage of children and adults who are involved in the Savannah Baptist Center programs and activities are often used as part of the Center's promotional materials. Photographs/videotapes may be used in brochures, video productions, newspapers, television or on the Center's webpage and social media. By signing below, I give my permission for the Center to use photo/video reproduction of my child, listed on the reverse, in any of these promotional venues. I waive any rights of compensation or ownership.

I have been advised that this program is not licensed & is not required to be licensed by the state.

My signature below indicates I have read and agree to all the above and reverse:

Parent / Guardian Name (Printed) _____ Date Signed _____

Parent / Guardian Signature _____ Parent Legal Guardian

Witness of Parent/Guardian Signature: _____ (must be over 21 yrs of age)