



Summer Programming 2021 Infant thru 5th Grade June 1st - July 30th

SUMMER CAMP PROGRAMMING

AGES: Threes, Fours, and Elementary

(Includes students who have completed three-year-old programming during the 2020/2021 school year)

TIMES: Full Day is 7:00 AM to 5:30PM

Half Day is 9:00AM to 2:00PM

REGISTRATION FEE: \$35 by April 23rd, \$50 after

WEEKLY FEES: Full Day is \$150/*\$130

Half Day is \$110/*\$90

*Weeks below marked * are childcare only and fee is reduced

SUMMER CHILDCARE SERVICES

AGES: Babies, Ones, and Twos

(Including students that have completed two-year-old programming during the 2020/2021 school year)

Class assignments will be made by age groupings and developmental milestones not previous year's placement alone.

TIMES: 7:00 AM to 5:30PM

REGISTRATION FEE: \$35 by April 23rd, \$50 after

WEEKLY FEES:

Part Time	Full Time
20 hours or less	20 hours or more
\$110	\$150

The mission of FBBCA Summer Programming is to provide quality care in a Christ-centered environment. These camps are for FBBCA students only. New students enrolled in the 2021-2022 school year are also eligible. Students not returning for the 2020-2021 school year may attend until **July 30th**.

THINGS TO KNOW

- 1) Summer programming is designed for ages infant to rising 6th graders.
- 2) Registration is required for all students, including children of staff members.
- 3) **We will not be able to accommodate same day or single day drop ins. Only students signed up for that week will be accepted. Students must be signed up a minimum of one week in advance to ensure appropriate staffing.**
- 4) **Field trip registration must be done in advance and students will not be allowed to drop in for field trips only; no same day field trip additions will be made.**
- 5) **Half day camp (ages 3 to elementary) is only from 9am to 2pm. Any other combination of hours is subject to full day rate. All enrichment/themed activities including field trips will be scheduled between 9 am and 2 pm to ensure the maximum number of students can participate.**
- 6) All costs for special events, special programs, special snacks etc., will be included in the weekly camp fees. Field trips will be an additional fee.

SUMMER PROGRAMMING 2020 REGISTRATION FORM

Student Name _____ (full name used in school)

Grade/Class Completed in 2021 _____ Student Date of Birth _____

Student Address _____

Primary Email _____

Father's Name _____

Address (if different from student) _____

Employer _____ Home Phone # _____

Daytime Phone # _____ Cell Phone # _____

Mother's Name _____

Address (if different from student) _____

Employer _____ Home Phone # _____

Daytime Phone # _____ Cell Phone # _____

Who has legal custody of the child being registered? _____

If only one parent has custody, a copy of the appropriate documents must be furnished and on file at the school.

Who is responsible for Summer Camp tuition payment? _____

Weeks must be preregistered and paid in advance.

WEEK/DATES	PT/FT/HALF/FULL DAY Mark your selection below	CLOSURES/ALTERNATIVE FEES
*MAY 31 ST -JUNE 4 TH		*MAY 31 ST CLOSED
JUNE 7 TH -11 TH		
JUNE 14 TH -18 TH		
JUNE 21 ST -25 TH		
JUNE 28 th -JULY 2 nd		
*JULY 5 th -9 th		*JULY 5 th and 6 th CLOSED
JULY 12 TH -16 TH		
JULY 19 TH -23 RD		
JULY 26 TH -30 TH		
AUG 2 ND – 6 TH		For registered 2021-2022 students only. Included in extended care August Payment.

PICK-UP AUTHORIZATON

Name _____ Ph# _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Child's Doctor _____ Phone # _____

Hospital Preference _____

Does your child have any medical conditions (allergies, asthma, etc.) that we should know about?

Emergency Contact Name & Phone # _____

Field Trip Permission Form/Medical Authorization

***Field trips are only for those students entering Kindergarten through 6th grade; medical authorization is required for each student in summer day camp.*

My child has my permission to accompany First Baptist Brandon Christian Academy on all summer field trips, and I absolve the school from liability to me or my child in case of accident or injury to my child at camp or during any Summer Camp outing. I understand representatives of the school will properly chaperone the children and the children will be transported by bus. Also, by signing below, I authorize the school's staff to contact my child's physician and/or arrange for immediate medical emergency treatment. I authorize the physician/medical facility to administer emergency medical treatment as necessary to ensure the health/safety of my child. I agree to accept financial responsibility for medical services rendered. I accept financial responsibility for all camp fees and payments.

Parent's Signature _____

COUNTY OF HILLSBOROUGH

STATE OF FLORIDA

Signed before me this _____ day of _____, 2021

Notary _____

Commission Expires (Stamp) _____

_____ Personally known to me

_____ Identification shown

Type of ID _____