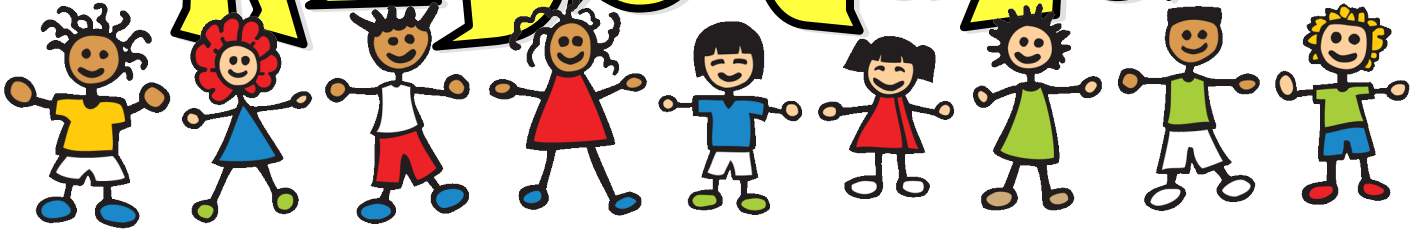


# KIDS DAZE!



**June 26 - 30, 2017 / Noon - 6:00 p.m.**  
(immediately following Vacation Bible School!)

*For kids attending morning VBS at First Baptist who have completed kindergarten - 5th grade*  
**MUST BE 5 AS OF SEPTEMBER 1, 2016**

**Cost: \$110/week -or- \$30/day per child**  
**Payment due with registration**

Bring a sack lunch or preorder from The Way Inn  
(drinks & snacks provided)

### **2017 KIDS DAZE REGISTRATION FORM:**

Please **PRINT CLEARLY** and return completed form to:  
**FBC Recreation Center ♦ 3115 Ocean Dr. ♦ Corpus Christi, TX 78404 ♦ 361-883-2421**

Please circle day(s) you will be attending: June 26/Mon 27/Tue 28/Wed 29/Thu 30/Fri

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Completed Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Work #: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

Who is allowed to pick up this student: (Please use name on drivers license / will need to show license at time of pick up.)

\_\_\_\_\_

### **MEDICAL INFORMATION**

Medical or other information we should know: **(Please include any allergies)** \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency and you are unable to contact me/us please contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby authorize that my child, \_\_\_\_\_, be taken to Dr. \_\_\_\_\_

Doctor's address: \_\_\_\_\_ and phone: \_\_\_\_\_

Or to \_\_\_\_\_ Hospital or Clinic, for emergency medical care. The parent should authorize the physician at the time of enrollment to accept any calls from First Baptist Church for emergency care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### **TRANSPORTATION PERMIT & MEDIA RELEASE**

I hereby grant my child, \_\_\_\_\_, permission to be included in photos and field trips/excursions away from the church, whether on foot or in vehicle. It is my understanding that any transportation involved will be properly planned and that all trips will be adequately supervised. I will not hold the First Baptist Church Kids Daze Super Week responsible for any accidents.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_