

2024 Kidcation TUESDAYS 2 – 5 Year Old Registration Form



Things to send with the child:

1. Lunch
2. Full change of clothes of clothes (socks, underwear) in labeled ziplock bag with name on it
3. Closed toe shoes (i.e. Tennis shoes / sneakers)
4. A good Godly attitude
5. MUST have permission slip signed and turned in with a copy of health insurance information
6. Parent contact information (2 numbers listed)

Tuesday Structure Example (2 – 5 yrs)

10-10:30a Arrival & Free Play

10:30-11a Jesus Lesson & Activity

11-Noon Stations

Dramatic Play Art Station Books/Puzzles/Manipulatives Sensory/Sand/Water/Rice/Playdoh
Bathroom / Lunch Prep

Noon – 12:30p Lunch

12:30-1p Life Skill = Everybody focused listen then hands-on

1-2p Stations & Departure

Dramatic Play Art Station Books/Puzzles/Manipulatives Sensory/Sand/Water/Rice/Playdoh
Bathroom / Prep Leave

Parent / Guardian will need to sign the permission and health forms. **The minimum donation for each kid is \$25 per kid per day to reserve a spot at Kidcation.** *If you would like to sponsor another child you can do that as well just a special note when you give.* The minimum donation can be given in a variety of ways using the information found at ChapelBayChurch.com/give.

For more information please contact Director Mrs. Kim Hassel at khassel@chapelbaychurch.com.

God bless,

The Kidcation Team

Romans 10:9-10

9 that if you confess with your mouth Jesus is Lord, and believe in your heart that God has raised Him from the dead, you will be saved,

10 for with the heart one believes unto righteousness, and with the mouth confession is made unto salvation.

CHAPEL BY THE BAY (CHAPEL BAY CHURCH) REGISTRATION AND PERMISSION FORM

2024 Tuesday Date(s) Kid Will Be Attending Kidcation: PLEASE FILL ONE FORM OUT PER CHILD

June 4th _____ 11th _____ 18th _____ 25th _____

July 9th _____ 16th _____ 23rd _____ 30th _____

August 6th _____ 13th _____ 20th _____

Minor Name _____ Age _____ Date of Birth _____

Address: _____ City _____ State _____ Zip Code _____

#1 In case of emergency notify: _____

Mobile Phone (_____) _____ Relation _____

Approved to Drop-Off and Pick-Up Kid Yes _____ No _____

#2 In case of emergency notify: _____

Mobile Phone (_____) _____ Relation _____

Approved to Drop-Off and Pick-Up Kid Yes _____ No _____

Others Approved to Drop-Off and Pick-Up Kid (They will need to bring identification)

Name: _____

Mobile Phone (_____) _____ Relation _____

Name: _____

Mobile Phone (_____) _____ Relation _____

Name: _____

Mobile Phone (_____) _____ Relation _____

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If your child is/has experienced sickness, fever within 24 hours please do not send them to Kidcation.

GENERAL HEALTH (check one): Excellent____ Good _____Fair_____ Poor_____

If FAIR or POOR please explain condition_____

MEDICAL DIAGNOSIS FOR WHICH PARTICPANT IS CURRENTLY BEING TREATED

MEDICINES OR SUBSTANCES TO WHICH PARTICPANT IS ALLERGIC_____

LIST ANY MEDICATIONS THEY ARE CURRENTLY TAKING_____

LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES_____

SPECIAL DIET_____

ANY OTHER SPECIAL INFORMATION MEDICAL, EMOTIONAL, OR OTHERWISE_____

Health Insurance Company_____

Insurance Policy Number_____

Insurance Phone Number_____

PERMISSION TO PARTICIPATE, TREAT, RIDE ACTIVITY VEHICLE, AND PHOTO NOTICE

My permission is granted for the CHAPEL BY THE BAY (Chapel Bay Church) STAFF, CHURCH OFFICIAL, or ADULT volunteer present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, child is allowed to be driven by church staff or volunteers to/from medical facilities, home and during special events and may be photographed during church activities and these photos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all Chapel by the Bay Church (Chapel Bay Church), staff, employees, and volunteers from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in CHAPEL BY THE BAY CHURCH (Chapel Bay Church) activities. I opt out of posting photos of child (initial here) _____

PARENT/GUARDIAN SIGNATURE_____ DATE_____

PARENT/GUARDIAN NAME (print)_____

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