

FIRST BAPTIST CLUB SCHOOL AGE SUMMER 2026 Registration Form

Child's Name _____

Date of Birth _____ Age _____ MALE/FEMALE

Address _____

Phone Number _____

Mother's Name _____ Father's Name _____

Email address(es) _____

What school/grade will your child be in this coming fall? _____

Does your child have any allergies, delays, special needs, or health concerns?

YES/NO If yes, please explain _____
(Withholding information regarding allergies, special needs, delays, health concerns, IEP, or behavioral plans will be subject to immediate termination.)

Please CIRCLE your drop-in weeks below:
(Please note, no refunds if a child is absent for any reason.)

June 22-26, 2026

June 29-July 3, 2026 (FBSAC Closed on July 3rd)

July 6-10, 2026

July 13-17, 2026

July 20-24, 2026

July 27-31, 2026

Aug. 3-7, 2026

Aug. 10-14, 2026

Parent Signature _____ Date _____