

## 2024-25 Kidcation MONDAY & WEDNESDAY (6 MO. – 4 YRS)

### Registration Form



### Things to send with the child:

1. Lunch, Snack, Water
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 / crocs)
4. A good Godly attitude
5. MUST have permission slip signed and turned in
6. Parent contact information (2 numbers listed included with Registration Form)

### Monday & Wednesday Structure Example (6 mo. - 4 yrs)

#### 9-9:30a Arrival & Free Play

#### 9:30-10:30a Jesus Lesson & Activity

#### 10:30-11a Stations

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

#### 11-11:30a Life Skill

Everybody listens then hands-on

#### 11:30-Noon Lunch

#### Noon-12:30p Stations & Departure

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

A Parent / Guardian will need to sign the permission and health forms. **The minimum donation for each kid is full payment for the month per kid per day to reserve a spot at Kidcation for that month.** *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](https://ChapelBayChurch.com/give).

For more information please contact Director Mrs. Kim Hassel at [khassel@chapelbaychurch.com](mailto:khassel@chapelbaychurch.com).

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) KIDCATION REGISTRATION AND PERMISSION FORM**

**2024-25 Monday & Wednesday Kidcation Day School** Date(s) Kid Will Be Attending:

**PLEASE FILL ONE FORM OUT PER CHILD**

<b>Date</b>	<b>Monthly Fee</b>	<b>Check All That Apply (Monthly Fee = \$25 per day per kid)</b>
2024 September	\$100	_____ (Starts Monday Sept. 23 <sup>rd</sup> )
2024 October	\$225	_____
2024 November	\$125	_____ (No Kidcation Veteran's Day, Thanksgiving Week)
2024 December	\$150	_____ (No Kidcation Christmas Week, New Year's Week)
2025 January	\$200	_____ (No Kidcation New Year's Week)
2025 February	\$200	_____
2025 March	\$225	_____
2025 April	\$175	_____ (No Kidcation Week after Easter)
2025 May	\$175	_____ (No Kidcation Memorial Day Week)
<b>TOTAL ALL MONTHS \$1,575</b>		_____

**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 \_\_\_\_\_

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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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