

FBC POMPANO
Summer Camp 2026
ELEMENTARY

\$225 – 1st child
\$190 – siblings
Registration:
\$75 per child

T-SHIRT SIZE
YS (6/8) _____ YM (10/12) _____
YL (14/16) _____ ADULT S _____
ADULT M _____ ADULT L _____

Child: (Last) _____ (First) _____ Male/Female (circle)

Birthdate ____/____/____ Age ____ School _____ Grade (going into) _____

Mother: _____

Address: _____

City: _____ **Zip:** _____

Cell Phone: _____

Alternate Phone: _____

Employer: _____

Email: _____

Father: _____

Address: _____

City: _____ **Zip:** _____

Cell Phone: _____

Alternate Phone: _____

Employer: _____

Email: _____

Child Lives With: _____ **Custody:** Mother Father Both Other _____

Medical Information I hereby grant permission for the Staff of FBC Pompano to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ **Phone:** _____

Insurance Company: _____ **Policy Number:** _____

List any Allergies, Medical, Dietary needs or other areas of concern: _____

**More
on
back**

LOOK!

Registration and 1st week's payment are **due together** at registration.
Please **PRINT** and make sure your form is legible. Thank you! 😊

STAFF USE ONLY

Amount Paid: _____

Method: Cash ____ **Ck#** ____ **CC** ____ **AutoWD** ____ **Staff Initials** ____ **Date:** ____

Family Code: _____

Contacts – people other than the mother and father or persons listed on front

Your child will only be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove your child from this facility in case of illness, accident, emergency, if for some reason the custodial parent/legal guardian cannot be reached. **All persons must provide photo identification.**

Name	Cell #	Home #	Work #	Relationship
------	--------	--------	--------	--------------

Name	Cell #	Home #	Work #	Relationship
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Please **ONLY** check the weeks your child **WILL BE** attending.

- | | |
|-------------------------|---------------------|
| 1. June 8-2 _____ | 6. July 13-17 _____ |
| 2. June 15-19 _____ | 7. July 20-24 _____ |
| 3. June 22-26 _____ | 8. July 27-31 _____ |
| 4. June 29-July 3 _____ | 9. Aug 3-7 _____ |
| 5. July 6-10 _____ | |

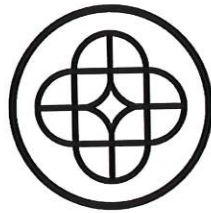
***We will be closed Friday, July 3rd**

PLEASE READ AND SIGN BELOW

I understand and agree to the following...

- \$75 Registration Fee is **nonrefundable** and due when I enroll my child.
- FBC is a **"weekly"** charged camp and I am responsible to pay tuition regardless of how many days that week my child attends.
- I will follow and have my child follow all of the FBC Summer Camp policies.
- I will have my child arrive by the time listed for each field trip. If not, I understand that they might be left. If that happens, I will have to take my child with me as there will be no one at FBC to supervise him/her until the group returns.

Parent/Guardian _____ Signature _____ Date _____
(Print name) (sign here)



**FIRST BAPTIST
CHURCH**
POMPANO BEACH

IMPORTANT NOTICE!

Parents... please read carefully before turning in your Summer Camp Registration

- **FBC is a weekly camp...**

Weekly tuition is due every Wednesday **BEFORE** the upcoming week of attendance. You are paying ahead.

- **No proration on weekly tuition fee...**

We are a weekly camp and charge a weekly tuition

- **What you need to enroll your child...**

Registration Fee and 1st weeks tuition

- **\$75 Registration Fee is non-refundable... no exceptions**
- **Need to change the weeks your child is coming?**

Use the **"CHANGE OF SCHEDULE"** forms .

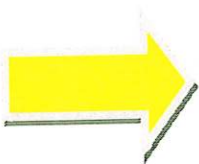
No faxes, emails, texts or voicemails will be accepted to change your child's schedule

- **Which weeks are your child coming????**

Check the weeks off on the back of your registration form.

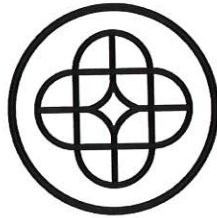
PLEASE NOTE

If you do not check any weeks, we will assume that your child will be attending every week and you will be charged accordingly.



Parents... please be mindful of these policies when making your summer plans.

First Baptist Church
Recreation Dept.
138 NE 1st Street, Pompano Beach, FL 33060
(954) 745-6100 www.fbcpompano.org



**FIRST BAPTIST
CHURCH**
POMPANO BEACH

Medical Treatment Release Form

In the event of any true medical emergency the center will call 911 and then contact the parent.

I give permission to First Baptist Summer Camp for my child to be treated for a medical emergency and to be transported to the nearest hospital, while under the supervision of the center.

Please list any medical alert information that the Summer Camp should be aware of:

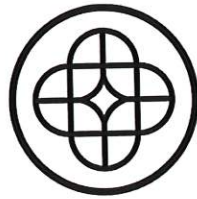
Child's Name (PRINT) _____

Parent's Name (PRINT) _____

Signature of Parent/Guardian

Date

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**FIRST BAPTIST
CHURCH**
POMPANO BEACH

Nutritious Snack Statement

**In accordance with the Broward County Childcare Ordinance,
FBC Pompano Summer Camp agrees to provide a nutritious
morning snack to our campers.**

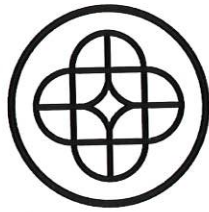
Parents are requested to send their child with a nutritious lunch.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

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(954) 745-6100 www.fbcpompano.org



**FIRST BAPTIST
CHURCH**
POMPAÑO BEACH

DISCIPLINE STATEMENT

I have received the Discipline Statement Form here at First Baptist Pompano Summer Day Camp.

(PRINT) Child's Name

(PRINT) Parent/Guardian Name

Date

Parent/Guardian Signature

Photo Permission Slip

I grant permission to First Baptist Church of Pompano Beach Summer Day Camp to photograph and/or videotape my child. These photos/videos will be used for camp activities such as group photos, talent shows, field trip shots for slide presentations for our campers and possibly in our camp brochure.

Child's Name: **(printed)** _____

___ Yes

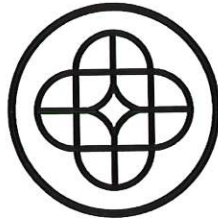
___ No

Parent's Name **(printed)** _____

Parent's **Signature** _____

Date: _____

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**FIRST BAPTIST
CHURCH**
POMPANO BEACH

DISCIPLINE STATEMENT

In accordance with State Law, our Discipline Guidelines are described below:

1. Childcare facilities must ensure that age-appropriate, constructive disciplinary practices are used for children in care.

A. Children shall not be subjected to discipline, which is severe, humiliating or frightening.

B. Discipline shall not be associated with food, rest or toileting.

C. Spanking or any other form of physical punishment is prohibited.

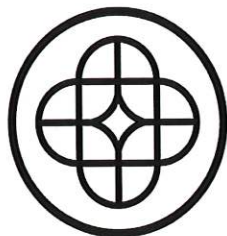
2. Prior to admission of a child to a childcare facility, the facility shall notify the parents in writing of the disciplinary practices used by the facility. Verification that childcare facilities have provided parents in writing the disciplinary practices used by the facility shall be documented on the enrollment form or an equivalent form with the signature of the parent.

Specific Authority: 402.301, F.S.

Law Implemented: 402.301, 402.305, F.S.

History: New 3-11-86

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FIRST BAPTIST CHURCH

POMPANO BEACH

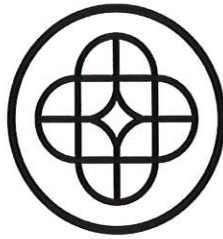
CELL PHONE & ELECTRONICS POLICY

FBC Pompano Afterschool Care and Summer Camp prohibits students/campers from using their personal cell phones or electronic devices while attending any of our programs or activities. The reason for this is simple... We have open guest Wi-Fi here and anyone can access any website without our knowledge (i.e. in a bathroom where there is no staff supervision). This situation can potentially create risky opportunities (unfortunately, it has happened here). The only way for us to be somewhat confident in hoping that our students/campers are protected from possible inappropriate situations with electronics, is to keep them from using them while they are in our care.

If a student/camper need to contact their parents for a essential reason, every room has a landline that can be accessed and all staff have cell phones on them for emergencies.

If any student/camper is found using a cell phone or other electronic device, it will be given to the Director and kept in the office until the end of the day. First time a **warning will be given. If it happens again, the parent will be called to come and pick up their child from aftercare or summer camp and no refund or credit will be given. Any further issues may result in suspension or permanent dismissal from our programs.**

Thank you for your support in helping us provide a safe and wholesome environment for all children who attend FBC Day Camp programs.



**FIRST BAPTIST
CHURCH**
POMPANO BEACH

**CELL PHONE
AND ELECTRONICS POLICY
ACKNOWLEDGEMENT**

Child's Name (Printed)

I, (Parent/Guardian) have read and signed the "FBC Afterschool Care and Summer Camp Cell Phone and Electronic Device Policy". I agree to abide by these policies and to have my child abide by these policies as well. I understand the consequences that will be happen if my child brings any electronic devices to FBC Afterschool Care or Summer Camp Programs.

Parent/Guardian (PRINT NAME)

Parent/Guardian (SIGNATURE)

Date

First Baptist Church
Recreation Dept.
138 NE 1st Street, Pompano Beach, FL 33060
(954) 745-6100 www.fbcpompano.org

Change of Schedule Form

(needs to be turned in 2 weeks prior)

Child's Name _____ Elem _____ M. S. _____

My child's **revised** Schedule for Summer Camp 2024

_____ **June 8-12** _____ **June 29-Jul 3** _____ **July 20-24**
 _____ **June 15-19** _____ **July 6-10** _____ **July 27-31**
 _____ **June 22-26** _____ **July 13-17** _____ **Aug 3-7**

Church
closed
July 3



If my child's schedule changes, I agree to turn in this form with the **new dates, 2 weeks prior**. I understand there will be a **\$50 fee** if I do not. **No phone calls, emails, faxes or handwritten notes** may be substituted for this form.

Parent/Guardian Signature

Print Name

Date

Office Use Only ~ Received by: _____ Date: _____

Change of Schedule Form

(needs to be turned in 2 weeks prior)

Child's Name _____ Elem _____ M. S. _____

My child's **revised** Schedule for Summer Camp 2024

_____ **June 8-12** _____ **June 29-Jul 3** _____ **July 20-24**
 _____ **June 15-19** _____ **July 6-10** _____ **July 27-31**
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Church
closed
July 3



If my child's schedule changes, I agree to turn in this form with the **new dates, 2 weeks prior**. I understand there will be a **\$50 fee** if I do not. **No phone calls, emails, faxes or handwritten notes** may be substituted for this form.

Parent/Guardian Signature

Print Name

Date

Office Use Only ~ Received by: _____ Date: _____

DEPARTMENT OF PUBLIC SERVICES
AUTHORIZATION FOR MEDICATION

5

No medications shall be given by FBC personnel without signed permission of parent or guardian. Please complete this form.

Child's Name: _____ Grade _____ M or F (circle)

Name of medication or prescription number: _____

Amount of medication to be given: _____

Time medication is to be given: _____

Parent's Name **PRINT**: _____ Date: _____

Parent's **Signature**: _____

Date and time medication given: _____ Amount Given: _____

Printed Name of Staff giving Medication:

Signature of Staff giving Medication:

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection if Supervision Fails

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: <http://www.watersmartbroward.org/>





SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature _____ Date _____

Email (optional) _____

Information is for the use of the Broward County Swim Central program only.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
 - ☐ Do not know how to find information about swim lessons
 - ☐ Transportation problems
 - ☐ Swim lessons are not important
 - ☐ Lessons are too expensive
 - ☐ Schedule of lessons not convenient
 - ☐ Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
- ☐ No

FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

Facility Name: First Baptist Preschool Learning Center Facility License #: 45081

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ or, date mailed: _____

Fax: 954.357.8077

SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

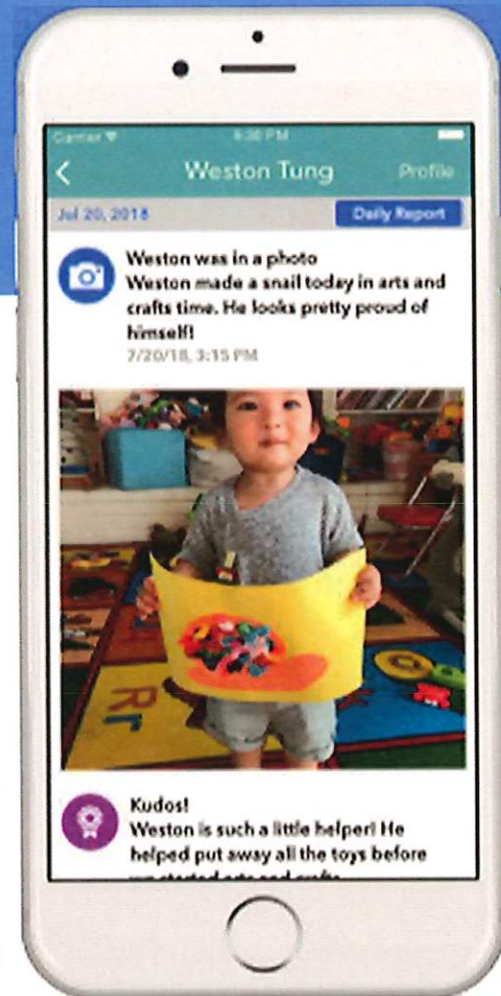
<http://www.watersmartbroward.org/resources/brochures-handouts/>



**First Baptist Summer Camp has
partnered with brightwheel to help us
deliver an enriching Summer Camp
experience!**

What's next for you:

1. Sign up when you get the Invitation Link!
 - Look out for an Email or Text message from “First Baptist Aftercare” inviting you to download the app and join our center on brightwheel!
2. Use the Email Address or Phone Number linked to the invitation to Sign Up as your Username.
3. Set Up Payment Method to pay Tuition through the App & turn on Auto Pay.



What to Expect:

- ✓ More, real-time visibility into your child's day with photos, videos, and updates.
- ✓ A safer environment for our students and staff through contactless check-in/check-out, entry screens, and health checks.
- ✓ Easy online tuition payments and access.
- ✓ A single app for you to stay connected to all aspects of our center.

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and

INFLUENZA VIRUS



"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

Attention Parents,

Summer Camp Tuition is due each Monday! If payment is not received by Wednesday morning before 11am; there will be a **\$25.00 dollar late fee added to your account.**

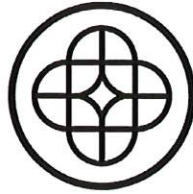
Also please be aware of our pickup policy, all campers need to be picked up by 5:30pm with a 15 min grace period. For any campers left after 5:45pm, your account will be charged the following...

5:45pm – 5:50pm \$10.00

5:51pm – 6:00pm \$20.00

**After 6:00pm additional \$2.00 per minute
(\$20.00 + \$2.00 per minute)**

**Thanks,
FBC Summer Camp Staff**



**FIRST BAPTIST
CHURCH**
POMPANO BEACH

**Summer Camp 2026
Parent/Guardian
Release Form**

I (We), hereby give my consent or _____
(Child's Name)

to be transported by First Baptist Pompano's own private buses or by the company contracted by First Baptist Church of Pompano.

I do further agree to release and discharge First Baptist Church of Pompano, its officers, agents, and employees from any/all claims, demands, rights, and causes of actions growing out of personal injuries and property damage resulting or occurring during any and all such sponsored activities, trips, or services, including transit to and from said activities.

I further give my permission to have said child (listed above) examined by any nurse or medical doctor, included permission to operate, treat, or otherwise administer aid while under the supervision of First Baptist Church of Pompano.

Parent/Guardian **PRINT NAME**

Parent/Guardian **Signature**

Date



**FIRST BAPTIST
CHURCH**
POMPAÑO BEACH

**Permission to participate in
Parties/Food Activities**

Dear Parents,

Occasionally the Afterschool/Summer Camp programs will have a party or food activity. Below is a parental permission request so that your child may participate in these activities.

_____ I do give permission for my child to participate in parties/food activities.

_____ I do **NOT** give permission for my child to participate in parties/food activities.

Child's Name: (PRINT) _____

Parent/Guardian Signature _____

Parent/Guardian (PRINT) _____

Date _____

Parents/Guardians of children with significant food allergies may consider providing a snack that is safe for your child for these special activities.

An amendment to the Broward County Child Care Ordinance effective 01/01/2015 Section 7-7.01 states: Meals or snacks Furnished by a parent for sharing with other children shall be limited to commercially prepared foods.

**First Baptist Church
Recreation Dept.
138 NE 1st Street, Pompano Beach, FL 33060
(954) 745-6100 www.fbcpompano.org**



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) First Baptist Church of Pompano to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV#
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



procure
SOFTWARE®