



Southport Baptist Preschool
2024 Summer Camp
200 N Howe St Southport, NC 28461
Church 910-457-6816 910-547-8299 Director
preschool@southportbaptist.org

Child's Name: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Age of Child: _____ Date of Birth: _____ Sex: _____

Please give us the name, address, and phone number of a person who could assume responsibility for your child if the school is unable to contact you. We will try to contact the parents first. Please be VERY accurate with this information.

Name: _____

Relationship to child: _____

Cell Phone: _____ Work Phone: _____

Classes are for preschoolers aged 2, 3, 4 or 5 years old by Sept 1, 2023.

May participate up to entry of 1st grade.

Fee: \$110.00 per week No family discounts. Class size limited

Hours: 8:30am to 11:45am Monday - Friday

\$25.00 One Time Non-refundable Registration fee

and

Non-refundable, non-transferable \$75.00 must be deposited with registration for administration fee. It will be deducted from the last week of camp participation, if all obligated weeks are completed.

Circle weeks for which you will be obligated to attend.

Week 1: June 10-14 Week 2: June 17-21 Week 3: July 8-12

Week 4: July 15-19

Week 5: July 22-26

Week 6: July 29-Aug 2

Week 7: August 5-9

Southport Baptist Vacation Bible School 6/24-28 for 4yr through 5th grade.
Register at southportbaptist.org for VBS only (not preschool summer camp)

Campers need to bring snack and change of clothes each day. Sunscreen needs to be applied before arrival at camp. Classes will be based on age and enrollment totals.

AUTHORIZATION TO PICK UP

The following adults have parental authorization to pick up _____ (child) from the SBP Summer Camp:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Allergies: _____

Father's Name: _____

Business Phone: _____ Cell Phone: _____

Mother's Name: _____

Business Phone: _____ Cell Phone: _____

Emergency Care

I give permission for Southport Baptist Church Preschool to meet the needs of my child,
_____, in the case of an emergency.

Parent Signature: _____ Date: _____