



2025 SRBC Kids Camp Registration Form

June 23-26, 2025

Cost: \$55 - Monday - Thursday 9a-12p

Kids Camp Cookout – Thursday 5p-8p

For Kids Going into Kindergarten-Going into Grade 5

Student's Name: _____

Parent/Legal Guardian Name: _____

Address: _____

E-mail Address: _____

Cell Phone Number: _____ Additional Cell Phone Number: _____

T-Shirt Size? Deadline for shirts is June 1st

(Please circle/underline) Child S, Child M, Child L, Adult S, Adult M, Adult L

Date of birth: _____ Age: _____

Grade entering in Fall 2025: _____

Home Church: _____

If invited, name of friend of your child at this church: _____

Allergies/Medical Information/Special Needs/Other:

(If yes, please complete Special Needs form)

Emergency Contact: (If unable to reach parent/legal guardian listed above)

Name: _____

Phone: _____

Please complete back side of form →

Dismissal Information: Name(s) of person(s) who may pick up this child from Kids Camp (other than parent/legal guardian):

Photo Release: I hereby grant the Solid Rock Bible Church permission to use my likeness or my child's likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Signature:_____

Medical Release: I/We, the undersigned, hereby grant (son/daughter) my/our permission to attend and participate in the activities of Solid Rock Kids Camp on the dates of June 24-27, 2024. I/We further release and hold harmless the above named organizations, the individual Volunteer Staff Members, and all Solid Rock Bible Church Members from any liability for loss, injury or damage to my son/daughter or property which may result from his/her participation. The duration of this agreement is one year and lasts for the time slot designated above.

Signature:_____

Insurance Company:_____

Policy Holder:_____

Office Use: Paid _____ Cash/Check

Check Number:_____



SRBC Special Needs Considerations Form

Please complete if child has special needs

Child's Name: _____

1. What is your child's special need(s)?: _____
2. Does your child have food allergies? If so, what food(s)?: _____

3. Does your child require medicine for allergy?: _____ (If yes, please provide.)
4. Does your child carry medicine with them (inhaler, epi-pen, Benadryl, etc.)?:

5. Where is the medicine located at? (backpack, bag, etc.): _____
6. What are the symptoms to look for if child needs medicine?: _____

7. Is your child able to tell their leader of their needs?: _____
8. Does your child have any physical limitations we should be aware of?:

9. Will your child need a scheduled medicine during Kids Camp?: _____
10. Are they able to take scheduled medicine independently?: _____
11. If your child is on the ASD spectrum:
 - a. What is the severity of their ASD?: _____
 - b. Are they able to communicate?: _____
 - c. How do they handle social settings?: _____

 - d. How do they handle noise?: _____
 - e. What do you suggest for coping strategies for noise levels, transitions, quiet/
story time, etc.?: _____

 - f. Will your child be able to sit quietly?: _____
 - g. Are there any aggressive behaviors we should know about?: _____

*Due to limitations, we may not be able to handle severe needs. Please discuss with Becky Cannon at becky@solidrockplymouth.org. If we are unable to accommodate your child during Kids Camp, we will contact you to pick-up your child.