



Fort Bend Community Church

7707 Hwy 6 South, Missouri City, TX 77459

6/8/2020 to 8/7/2020 (except July 20th-24th)

Monday to Friday from 9am-4pm

	Age	Weekly Rate	Lunch – per week	Extended Care – per week (8am-6pm)	Early Bird Discount - per week	Sibling Discount – per week (per child)
Primary	3 yrs old (<i>potty trained</i>) by 5/31/20 to Kindergarten	\$170	\$25	\$30	-\$10	-\$10
Secondary	1 st -5 th (2020-2021 school year)	\$170	\$25	\$30	-\$10	-\$10

Early Bird Deadline

May 24, 2020 (for 6/8-6/26)

June 14, 2020 (for 6/29-7/17)

July 12, 2020 (for 7/27-8/7)

Weekly registrations available. No daily refunds

****Registration due one week prior to each start date****

Contact: kidzshine@fbcchome.org

SCHEDULE AND FEES

- All academic and elective classes are held Monday to Thursday. *Wednesdays are fun themed days and Fridays are fun field days!*
- Each class will meet for about 40 minutes per day.
- There will be a small group devotional and prayer time in the mornings.
- Classes are held from 9am to 4pm with a one hour and 20 min lunch/recess break between morning and afternoon classes.
- Before Care: 8am to 9am
- After Care: 4pm to 6pm

REGISTRATION AND PAYMENT

Payments accepted are cash and check (payable to: FBCC). You may register at FBCC Building 3 Front Desk or mail completed form and payment to:

FBCC Kidz Shine
7707 Hwy 6 South
Missouri City, TX 77459

REFUND POLICY

A refund request must be submitted by refund deadlines (one week before class starts). No refunds will be honored after the deadlines. We do not provide daily refunds.

SPECIAL NEEDS

Children with special needs will be required to furnish documentation of their disability. A meeting with the Kidz Shine Director will be required prior to enrolling a child with special needs.

CONDUCT

Basic standards of good behavior are required at all times for all students. Students may be removed from a class for disruptive behavior or removed from the program for repeated disruptive behavior. No refunds will be given in these situations. Shoes with wheels are not allowed. You will be called to bring a safe pair of shoes to your child immediately if inappropriate shoes are worn at Kidz Shine. PE class is scheduled on a daily basis, tennis shoes are recommended for safety reasons.

FREE T-SHIRT

All students will receive ONE free Kidz Shine T-shirt for the 2020 summer camp.

PRESCHOOL NAP TIME

Preschoolers will have a nap time every day in the afternoon. Students will need to provide their own pillows, blankets, and mat. If your child does not nap, they will have a quiet time to read books silently.

EARLY AND LATE ARRIVALS

- The building will open at 8:50am. No child will be allowed into the building prior to 8:50am unless they have been registered for the Before Care option.
- Children must be picked up promptly at 4pm (unless they have been registered for After Care). If your child is not registered for After Care, a late fee (\$2 per minute) will be applied to your child if picked up more than 15 minutes late. The late fee must be paid before the child can be admitted to classes the next day.
- If your child is attending After Care, he/she must be picked up by 6pm. A late fee (\$2 per minute) will be applied to your child if picked up more than 15 minutes late. The late fee must be paid before the child can be admitted to classes the next day.



Mom's Name: _____ Mom's Cell: _____
(First) (Last)

Mom's Email Address: _____

Dad's Name: _____ Dad's Cell: _____
(First) (Last)

Dad's Email Address: _____

Home Address: _____
(Street) (City) (Zip)

Emergency Contact (other than parents):

Name: _____ Phone: _____
(First) (Last)

Relationship to Child: _____

Our family's relationship to Fort Bend Community Church

I attend FBCC I attend ANOTHER church I DO NOT attend church

1. Child's Name: _____
(First) (Last)

Birthday (m/d/y): _____ Grade as of 9/1/20: _____ Male Female

Child's T-shirt Size: X-Small 3-5 Small 6-8 Medium 10-12 Large 14-16

Allergies, medications, other concerns: _____

2. Child's Name: _____
(First) (Last)

Birthday (m/d/y): _____ Grade as of 9/1/19: _____ Male Female

Child's T-shirt Size: X-Small 3-5 Small 6-8 Medium 10-12 Large 14-16

Allergies, medications, other concerns: _____

Parental Consents & Medical Authorization

To whom it may concern:

I do hereby grant permission for my child(ren) to **attend and participate** during the FBCC Kidz Shine Program: June 3, 2019 to August 2, 2019 in FBCC Kidz Shine, to participate in official Kidz Shine activities within and outside of the FBCC campus (including all Field Trips), and to **ride in any vehicle** designated by FBCC Kidz Shine for transportation to activities that FBCC Kidz Shine will sponsor or participate in. We will teach our child(ren) to obey all the Kidz Shine Program rules.

PHOTOS/VIDEO: I give my permission for photo(s) of my child(ren) to appear among other Kidz Shine photos as long as there is no identifying information shown.

MEDICAL AUTHORIZATION: I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child(ren) upon consent of a Fort Bend Community Church staff member or designated volunteer. The purpose of this authorization is to permit my child(ren) to receive emergency medical attention when needed while involved in the activities connected with Fort Bend Community Church’s Kidz Shine when I or my emergency contact is unavailable to give such consent. I give permission that medication provided by a family member can be given to my child(ren) by a Kidz Shine staff member.

FIELD TRIPS: I give my child(ren) permission to attend all Field Trips associated with the Kidz Shine Program. I release Fort Bend Community Church, its pastors, ministers, and staff from any liability arising out of an injury, damage, or loss that may be sustained to my child(ren) in connection with travel to, attendance at, or participation in program’s Field Trips.

LIABILITY: I, the undersigned, will not hold FBCC leaders or church representatives liable for any injuries sustained to my child(ren) while on the premise of FBCC. My signature below indicates my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my health insurance company to be billed for any and all medical fees and services deemed necessary.

I have read and agree to all the Terms and Conditions stated above.

Signature: _____ Date: _____

Circle one: Mom / Dad/ Legal Guardian’s Name: _____

<p>In case of an emergency <u>during Kidz Shine time:</u></p> <p>Child’s Doctor’s Name: _____ Doctor’s Phone: _____</p> <p>Health Insurance Co.: _____ Policy / group #: _____</p>

- Please tell us how did you hear about Kidz Shine 2020:**
- FBCC poster/flyer/announcements
 - Word of mouth / family or friend’s recommendation
 - Facebook Advertisement
 - Attended previous year
 - Other: _____

Preschool Sessions: Preschoolers day will consist of a variety of classes such as story, math, play, crafts, science, music, etc. Each week will be based on a theme. They will also be taking a nap in the afternoon.
Elementary Session: Elementary students will have five classes per day. Each week will consist of a variety of sports, math, science, crafts, computer, cooking, reading, writing, and other fun classes.

Child's Name: _____	Attending Preschool +\$170	Attending Elementary +\$170	Buying Lunch +\$25	Before/After Care +\$30	Sibling Discount - \$10	Early Bird Discount -\$10	Total
Grade: _____							
6/8-6/12							
6/15 - 6/19							
6/22 - 6/26							
6/29 - 7/3							
7/6 - 7/10							
7/13 - 7/17							
7/27 - 7/31							
8/3 – 8/7							

Child's Name: _____	Attending Preschool +\$170	Attending Elementar y +\$170	Buying Lunch +\$25	Before/After Care +\$30	Sibling Discount - \$10	Early Bird Discount -\$10	Total
Grade: _____							
6/8-6/12							
6/15 - 6/19							
6/22 - 6/26							
6/29 - 7/3							
7/6 - 7/10							
7/13 - 7/17							
7/27 - 7/31							
8/3 – 8/7							

- Weekly Rate: \$170 per week
- Early Bird Discount: \$10 off per week
- Sibling Discount: \$10 off per week/child
- Lunch: \$25 per week
- Extended Day: \$30 per week (8am-6pm)
- *No daily purchases of lunch
- *No daily purchases of extended day
- *No daily refunds
- *No refunds by deadline date
- *Registration required one week before

----- **Office Use** -----

Payment Date: _____ *Fee \$:* _____ *Paid by:* () *Cash* () *Check #:* _____

Comments: _____