



“Adventure Awaits”: A Biblical Christian Summer Camp for Little Hearts, Big Faith: Summer Fun with God!

Light up your summer, Spark Adventure, Ignite Friendships!

Ages	2 years old to 10 years old
Dates	May 26th – July 23rd (Monday – Thursday) May 25th is a Holiday (Camp will be Tues. – Friday) this week only! No camp (June 8th – June 11th) due to VBS
Time	8:30 a.m.–1:00 pm
What to Bring EachDay	1. “Nut free” Sack lunch/snack and water bottle. 2. Dress Campers in comfortable clothes and tennis shoes. 3. Send a change of clothes in their bookbag.
Cost	One Time Registration Fee of \$25.00 , no matter how many weeks you select, is DUE May 1 . Each 4-day week is \$90, or you can choose select days only for \$35/day. Weekly or Monthly payments can be made each Monday when you drop off your child.

Please check weeks you would be interested or specify M, T, W, Th on Line for days only

_____ May 26th – 29th _____ June 1st - 4th _____ June 15th – 18th

_____ June 22nd – 25th _____ June 29th – July 2nd _____ July 6th - 9th

_____ July 13th – 16th _____ July 20th – 23rd

Total: \$ _____ + \$25 Registration = Total Cost \$ _____

Week One: Camping with Christ

Week Two: Kingdom Kids

Week Three: Created in His Image

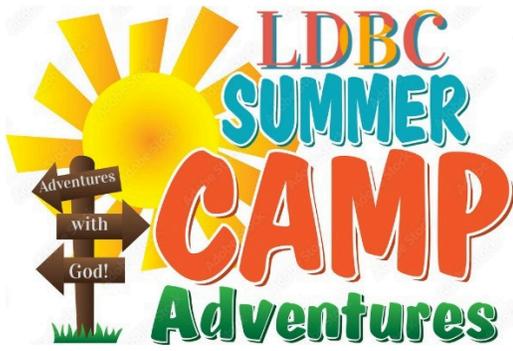
Week Four: Heavenly Adventures

Week Five: Jungle Safari Expedition

Week Six: Jesus Olympics

Week Seven: Shining Like Jesus

Week Eight: Superhero Training Camp



Lawrence Drive BapMst Church Preschool is not a licensed Day Care Facility, but the preschool holds a Non-licensure that is required through the State of Georgia.

Child's Name _____ Age _____ D.O.B. _____

Home Address _____ C/S/Z _____

Parents Mother: _____ Contact # _____

Email: _____

Father: _____ Contact # _____

Email: _____

Or Guardian: _____ Contact # _____

Email: _____

Other People Allowed to pick up your child from camp:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Known Allergies: _____

Special Information: _____



Child's Name: _____

Summer 2026

Permission for Emergency Care

Lawrence Drive Baptist Church Preschool staff has permission to obtain emergency medical treatment for my child.

Parents signature: _____

In case of emergency or illness the best phone number to contact:

Name: _____ Relationship: _____

Phone #: _____

Please Initial

_____ I give LDBC permission to take photos of my child to be used in artwork, brochures, publications, the website, and Facebook Page without their name.

_____ I understand that the registration fee payment is non-refundable and is payable at the time of registration.

_____ I understand that the entire summer can be paid for in advance, or I may pay per the first day my child attends that week; other-wise my child will not be allowed to attend camp.

_____ I understand that LDBC reserves the right to dismiss a child if, after entering the program, the child is unable to satisfactorily adjust in group experiences or disrupts the class environment, if weekly tuition is not paid, or if my child is violent towards other students.

_____ I understand my child cannot attend camp if they had a fever within the last 24 hours, are throwing up, dealing with an upset stomach which requires frequent trips to the restroom, or if they have symptoms with a communicable illness i.e. pink eye, covid, etc.

_____ I understand that I am to supply my child a nut-free lunch/snack and a water bottle each day. I know my child will eat at 11:00 a.m. I understand that no meals are provided by LDBC Preschool.

Parents signature:
