



First Presbyterian Church and **First Kids** A Journey with Miriam and Moses

Let's travel with Miriam and Moses as we learn about the ways God protects us, talks to us, guides us, and teaches us through movement and games, art and community service, and song and celebration.

Please complete and return the attached form to register for one or two weeks. If you are currently enrolled at First Kids or have registered for the 25-26 school year, an invoice will be emailed to you to pay for Week 1 through your Brightwheel account. Otherwise, please include a check with your registration form.

Week 1: First Kids Summer Camp June 2-5 – Use the form attached to register for Summer Camp-Week 1

<i>Class</i>	<i>Days</i>	<i>Class Times</i>	<i>Tuition</i>
Current One year old class (or DOB 8/31/23 or older) through 2 nd grade	4 Days (Mon-Thurs)	9:00-12:45 Pack Lunch and a water bottle	\$95.00

Our Address: First Kids, PO Box 789, Concord, NC 28026-0789

Week 2: First Presbyterian/First Kids VBS Camp, June 9-12, Monday-Thursday, 9-Noon. Use the form attached to register for VBS-Week 2

<i>Class</i>	<i>Days</i>	<i>Class Times</i>	<i>Tuition- FREE</i>
Current One year old class (or DOB 8/31/23 or older) through 4 th grade	4 Days (Mon-Thurs)	9:00-12:00 Light Snack provided	(Funded via collaboration with First Presbyterian Church and First Kids Preschool) Our youngest participants will enjoy activities in our First Kids classrooms plus outdoor play, while older participants will participate in VBS rotations to enjoy art, music, community service projects, outdoor play and more.

Note: Children will be divided into appropriate age groups; combination classes may be formed depending upon enrollment. Classes may be adjusted between Week 1 and 2 based on overall registration. Classes will be filled on a first-come first-served basis.

Registration Dates: March 21-April 30, 2025

All Health Forms and enrollment papers due for students new to our program by April 30, 2025. Class information and more details regarding what to bring will be emailed to all campers by May 16, 2025.

Health Forms: If your child was enrolled at FIRST KIDS this past year, your health forms are still on file, and no new ones will be necessary for the summer program. Please notify us if there have been any changes. New enrollees may use the 2025-2026 health form which was included in your fall confirmation packet, or can be downloaded from the website Firstpresconcord.org, under "Grow" tab, then the Preschool link. These forms must be returned along with a current and up-to-date **immunization form by April 30, 2025.**

Please mark your calendars for Sunday, June 15, 2025! ALL VBS participants are invited and encouraged to attend worship with a parent/caregiver/family on Sunday, June 15. VBS participants will help to lead worship by sharing a song from VBS. We hope you can join us!

Please use the attached form to register for Journey with Miriam and Moses!

You may contact Maureen at Frstkids@yahoo.com or René Prager at r.prager@firstpresconcord.org if you have any questions.

First Presbyterian Church and **First Kids**

Journey with Miriam and Moses

Please submit a separate form for each child in your family.

Child's Name: _____

Date of Birth: _____

Current Class/Grade (2024/2025 year): (Circle One) Note: For Preschool age children NOT currently enrolled in First Kids, child's birthdate is all we need!

Ones	Twos	Threes	Fours	Transitional Kindergarten
Kindergarten	1 st Grade	2 nd Grade	3 rd Grade	4 th Grade

Parent/Guardian _____

Address: _____

Email: _____

Phone: Parent _____ Parent _____

Emergency Contact: _____ Phone: _____

Please check all preferences below

I would like to register my camper for the following sessions. Check all that apply:

Week 1 June 2-5 (current One year old class through 1st grade) – I acknowledge that I am responsible to register and pay for this week through Brightwheel.

Week 2 June 9-12 (current One year old class through 4th grade) – FREE – this serves as registration form

Please check the following:

I agree to abide by all First Kids safety and policy guidelines. Our complete handbooks may be found at Firstpresconcord.org, under "Grow" and then First Kids Preschool.

Photographs or videos taken at camp may be posted on our social media accounts or publications, unless a parent instructs us otherwise, in a signed letter or by email (Frstkids@yahoo.com).

I understand that I must inform First Kids/First Presbyterian in writing by April 30, 2025 if I prefer that my child's photograph not be shared in the ways listed above.

Parent/Guardian Signature(s): Parent _____

Please complete the important information on the back of this form. (OVER)

**Emergency Contact Information
for the Summer Program**

Child's Name _____

Does your child have any known allergies? (please circle) Yes/No
Please list allergies here

We do not plan to serve peanut products as part of our snacks but may serve snacks that have been processed in a factory that also processes peanuts.

Would that present a health problem for your child? Yes/No

If yes, may we serve an alternative snack processed in a non-peanut facility? Yes/No

Does your child have any known health concerns (i.e., asthma, allergies, chronic health issues, developmental delays, etc.?) If yes, please explain: _____

As required by both the American Academy of Pediatrics (<http://www.aap.org/>) and First Kids, my child will be up to date on all immunizations by the first day of camp.

(Circle one) Yes / No If no, please explain: _____

Pick-Up Information:

The following person/people have permission to drop-off or pick-up my child:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Additional Emergency Contact Person if different than above:

Name _____

Phone _____

Relationship to Child _____

Emergency Consent

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Kids Preschool staff to make those arrangements. I give consent for any, and all treatment deemed necessary by the attending physician.

(Signature of Parent)

(Date)

Hospital Preference
