REGISTRATION FOR SUMMER 2026

SABCS is thrilled to announce our upcoming summer program — *Kingdom Kids*!
Running from **June 1st through August 7th, 2026**, this exciting program will be offered **five days a week** from **7:30 a.m. to 5:30 p.m.**

Our dedicated **After the Bell teachers** will continue teaching throughout the summer program, under the leadership of Mrs. Jessi (current ELC Assistant Director), to ensure a season full of **learning, laughter, and faith-based fun**. Children will be grouped by age — **3K–4K together and 5K–5th grade together** — allowing for age-appropriate activities, learning, and connection.

We can't wait to spend a summer growing in God's love through **learning, fun, and fellowship** — we hope your child will join us!

Set to open Monday, March 2nd!

Registration is a one-time **$125.00** payment for each child for the entire summer.

This is due no later than March 31st.

Weekly Tuition is **$175/week.**

$150/week for an additional sibling.

Drop-in days will be offered for **$40/day**.

Kingdom Kids Summer Program

REGISTRATION FORM

June 1st-August 7th
Grades 3K–5th Grade
Program Hours: 7:30 AM – 5:30 PM
Please complete one form per child

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Age: _____

Grade (Fall 2026):
☐ 3K ☐ 4K ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

PARENT / GUARDIAN INFORMATION

Parent 1 / Guardian Name: _____

Parent 2 / Guardian Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email Address: _____

Secondary Email Address:_____

Home Address:

EMERGENCY CONTACTS

(Other than parent/guardian)

Name: _____

Relationship to Child: _____

Phone Number: _____

(Other than parent/guardian)

Name: _____

Relationship to Child: _____

Phone Number: _____

MEDICAL INFORMATION

Does your child have any allergies?
☐ Yes ☐ No

If yes, please list (food, medication, environmental):

Does your child have any medical conditions we should be aware of?
☐ Yes ☐ No

If yes, please explain:

AUTHORIZED PICK-UP PERSONS

(Photo ID will be required)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____Phone: _____

PERMISSIONS & AGREEMENTS

(Initial each line)

____ I give permission for my child to participate in all Kingdom Kids Summer Program activities.

____ I authorize emergency medical treatment for my child if I cannot be reached.

____ I acknowledge that I have read and agree to all program policies and procedures.

Photo and Media Authorization

(Please initial ONE option)

____ YES, I grant permission for my child's image, likeness, or voice to be used for program-related purposes as described above.

____ NO, I do NOT grant permission for my child's image, likeness, or voice to be used.
(My child will not be photographed or recorded for promotional purposes.)

PARENT / GUARDIAN SIGNATURE

Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____
Reviewed By: _____

Paid: _____
Notes: _____