



# Busy Bee Summer Camps 2019 Registration Form

6240 So. Broadway, Littleton, CO 80121 - (303) 468-9521



1. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_ Gender \_\_\_\_\_

Allergies or other Medical Conditions \_\_\_\_\_

VBS ages 2½-5<sup>th</sup> grade: June 18, 19, 20 & 21 - \$50 9AM – 12 PM Place with Friend: \_\_\_\_\_

Science Exploration ages 2½-8: July 9, 10 & 11 - \$90 9AM-1:00PM – send a lunch each day Place with Friend \_\_\_\_\_

Wacky Art ages 2½-8: July 16, 17, & 18 - \$90 9AM-1PM – send a lunch each day Place with Friend \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_ Gender \_\_\_\_\_

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### Payment Information

VBS Total Kids Attending: \_\_\_\_\_ Total Amount\$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash  CC

Science Exploration Total Kids Attending: \_\_\_\_\_ Total Amount\$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash  CC

Wacky Art Total Kids Attending: \_\_\_\_\_ Total Amount\$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash  CC

### Parent's Information:

Father's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Main Contact:  Mom  Dad

Email contact \_\_\_\_\_

Name and phone of someone we can contact in an emergency when we can't reach a parent:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

1. Names of persons authorized to pick up your child \_\_\_\_\_

2. Name of persons you **DO NOT** want picking up your child \_\_\_\_\_

☺ **Payment secures your spot. Limited spaces are available per camp, first come first enrolled. Register soon!**