



# Bethany Busy Bee VBS & Summer Camps 2023 Registration Form

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


### PARENT'S INFORMATION:

Father's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Main Contact:  Mom  Dad  
 Email contact \_\_\_\_\_ Church Home \_\_\_\_\_

**VBS**  
 Ages 2½-5<sup>th</sup> grade  
 June 13, 14, 15 & 16  
 Tuesday thru Friday  
 9AM – 12PM  
 \$50 per child  
 200 spots



**Science Exploration**  
 Ages 2½-8 years  
 July 11, 12, & 13  
 Tuesday thru Thursday  
 9AM – 1PM  
 \$100 per child  
 \*Send a lunch each day.  
 50 spots



**Wacky Art**  
 Ages 2½-8 years  
 July 18, 19, & 20  
 Tuesday thru Thursday  
 9AM – 1PM  
 \$100 per child  
 \*Send a lunch each day.  
 50 spots



**Theatre Camp**  
 2½-8 years  
 July 25, 26, 27, & 28  
 Tuesday thru Friday  
 9AM – 1PM  
 \$130 per child  
 \*Send a lunch each day.  
 50 spots



### ENROLLMENT INFORMATION:

**1. Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_ **Gender** \_\_\_\_\_  
 Camp(s) Enrolling:  VBS  Science Exploration  Wacky Art  Theatre  
 Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

**2. Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_ **Gender** \_\_\_\_\_  
 Camp(s) Enrolling:  VBS  Science Exploration  Wacky Art  Theatre  
 Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

**3. Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_ **Gender** \_\_\_\_\_  
 Camp(s) Enrolling:  VBS  Science Exploration  Wacky Art  Theatre  
 Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name and phone of someone we can contact in an emergency if we are unable to reach the parents:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital of Choice \_\_\_\_\_ Insurance Information \_\_\_\_\_

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!**

### PAYMENT INFORMATION:

**VBS \$50 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ **Total VBS Amount \$** \_\_\_\_\_  
 **Science Exploration \$100 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ **Total Science Amount \$** \_\_\_\_\_  
 **Wacky Art \$100 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ **Total Wacky Art Amount \$** \_\_\_\_\_  
 **Theatre Camp \$130 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ **Total Theatre Amount \$** \_\_\_\_\_

**Total Amount \$** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Check#** \_\_\_\_\_  Cash  CC