

Bethany Busy Bee VBS \& Summer Camps 2024 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: $\square$ Mom $\square$ Dad |
| Email contact |  | Church Home |  |
| VBS <br> Ages $21 / 2-5^{\text {th }}$ grade June 11, 12, 13 \& 14 Tuesday thru Friday 9AM - 12PM \$50 per child 200 spots | Science Exploration <br> Ages 2½-8 years <br> July 9, 10, \& 11 <br> Tuesday thru Thursday 9AM - 1PM <br> \$120 per child <br> *Send a lunch each day. 50 spots | Wacky Art <br> Ages 21⁄2-8 years <br> July 16, 17, \& 18 <br> Tuesday thru Thursday 9AM - 1PM <br> \$120 per child <br> *Send a lunch each day. <br> 50 spots | Theatre Camp Ages $21 / 2-5$ th grade July 23, 24, 25, \& 26 Tuesday thru Friday 9AM - 1PM \$150 per child *Send a lunch each day. 50 spots |

## ENROLLMENT INFORMATION:

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

## EMERGENCY CONTACT INFORMATION:

Name and phone of someone we can contact in an emergency if we are unable to reach the parents:
Name $\qquad$ Phone $\qquad$
Child's Doctor $\qquad$ Phone $\qquad$ Dentist $\qquad$ Phone $\qquad$
Hospital of Choice $\qquad$ Insurance Information $\qquad$

1. Names of persons authorized to pick up your child $\qquad$
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:

$\square$ VBS \$50 per child ~ Total Number of Kids Attending: $\qquad$ Total VBS Amount \$
$\square$ Science Exploration $\mathbf{\$ 1 2 0}$ per child ~ Total Number of Kids Attending: $\qquad$ Total Science Amount \$
$\square$ Wacky Art \$120 per child ~ Total Number of Kids Attending: $\qquad$ Total Wacky Art Amount \$ $\qquad$
$\square$ Theatre Camp \$150 per child ~ Total Number of Kids Attending: $\qquad$ Total Theatre Amount \$ $\qquad$
Total Amount \$ $\qquad$ Date Paid $\qquad$ Check\# $\qquad$ $\square$ Cash $\square$ CC

