

SUMMER CAMP

REGISTRATION

2025



Children will enjoy arts/n crafts, messy activities, games, playing outside and learning all about the theme of that week. Children must be potty trained or training and able to participate without a parent.

CHILD'S INFORMATION

Full Name: _____

Sex ☐ M ☐ F DOB: _____ Nickname: _____

Allergies: _____

Severe: ☐ Y ☐ N Explain (if needed): _____

Shirt (\$10): ☐ Y ☐ N Size: Youth ☐ XS ☐ S ☐ M ☐ L

2ND CHILD'S INFORMATION

Full Name: _____

Sex ☐ M ☐ F DOB: _____ Nickname: _____

Allergies: _____

Severe: ☐ Y ☐ N Explain (if needed): _____

Shirt (\$10): ☐ Y ☐ N Size: Youth ☐ XS ☐ S ☐ M ☐ L

SESSIONS:

PLEASE CHECK

Camp hours: Monday - Thursday, 9am - 1pm

Price: \$140/week

10% OFF for siblings.

Please bring a lunch & water bottle with your child.

- ☐ June 2 - 5: Lil' Chefs
- ☐ June 9 - 12: Lil' Artists
- ☐ July 7 - 10: All About The Music
- ☐ July 14 - 17: Water Games
- ☐ July 28 - 31: Tye-Dye, Oh My!
- ☐ Aug 4 - 7: Lil' Scientists

PARENT/GUARDIAN INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer/Occupation: _____ Phone: _____

2ND PARENT/GUARDIAN INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer/Occupation: _____ Phone: _____

EMERGENCY CONTACTS

In the event we cannot reach a parent/guardian, please list your child's emergency contacts below.

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

PICK UP AUTHORIZATION

Below are the people authorized to pick up your child from summer camp. If their name is not on this list, your child will not be released into their care without prior permission from a parent/guardian.

Full Name: _____

Phone: _____ Relationship: _____

Full Name: _____

Phone: _____ Relationship: _____

Full Name: _____

Phone: _____ Relationship: _____

SOCIAL MEDIA CONTENT RELEASE FORM

☐ I CONSENT

☐ I DO NOT CONSENT

I hereby authorize BUSY BEE PRESCHOOL to use my child's photo and/or information related to his/her experiences with the school for promotional materials, written articles, Facebook/Instagram posts & videos, research and/or photographs.

I understand this information may be used in publications, including electronic publications, audio-visual presentations, promotional literature, advertising, community presentations, media and/or other similar ways.

Social Media is a great way to keep you updated on the amazing things happening in the classroom, important events and center information. Make sure to follow our Facebook page and Instagram profile.

CHILD'S INFORMATION

Child's Name: _____ DOB: _____

2nd Child's Name: _____ DOB: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Phone #: _____

I understand that I can revoke this release any time in writing and that the use of any of my child's photos or other information authorized by this release will be removed within 30 days.

SIGNATURE: _____ **DATE:** _____