



2020

Welcome to Camp Beehive,

Camp is run by our amazing Beehive teachers, with a strong support staff of educators and teenagers. Our mission is to provide a fun, safe camp that focuses on creativity, exploration, curiosity and problem-solving. Your camper should come prepared for art projects, projected-based play, thematic play, outdoor time, storytelling, and much, much more!

Happy Summer,

Beehive

General Information

- Child must be 3 - 6 years old and toilet-trained (age exceptions may be made for siblings.)
- Child must bring a NUT FREE lunch and snack each day and water bottle.
- Required Documents:
 - Personal Information Form
 - Consent Form
 - Emergency Form
 - Medical Statement (signed by physician.)
- SHORT DAY OPTION:
 - Hours: Monday – Friday 9:00 am-12:00 pm
 - Tuition: *\$190/weekly session OR \$700/all sessions
- LONG DAY OPTION:
 - Hours: Monday – Friday 9:00 am-2:00 pm
 - Tuition: *\$275/weekly session OR \$1,000/all sessions

SESSION I	June 1-5	Theme: Camp Crafty
SESSION II	June 8-12	Theme: What's Cooking: Kitchen Chemistry
SESSION III	June 15-19	Theme: Mud Kitchen
SESSION IV	June 22-26	Theme: Wild About Water

**Payment due upon registration.*

CAMP BEEHIVE
Personal Information Form

Camper's Full Name _____

Preferred Name _____ Birthday _____ Phone _____

Home Address _____
Address City, State Zip

Mother's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Father's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Doctor's Name _____ Phone _____

Doctor's Address _____
Address City, State Zip

Please check the session(s) your child will be attending:

SESSION I: June 1-5

Theme: Camp Crafty

SHORT DAY: _____ OR LONG DAY: _____

SESSION II: June 8-12

Theme: What's Cooking: Kitchen Chemistry

SHORT DAY: _____ OR LONG DAY: _____

SESSION III: June 15-19

Theme: Mud Kitchen

SHORT DAY: _____ OR LONG DAY: _____

SESSION IV: 22-26

Theme: Wild About Water

SHORT DAY: _____ OR LONG DAY: _____

CAMP BEEHIVE
Consent Form

Child's Name: _____

Nature walks and walks to nearby points of interest enrich the Beehive Curriculum. These walks may include trips to West University Elementary School and grounds; West University Fire Department, Southside Community Garden, and the West University Library.

I _____ give _____ do not give my consent for my child to participate in walks away from school to a nearby point of interest.

Signature of Parent or Legal Guardian

On Water Day, sprinklers and wading/splashing pools are set of for the children to play in the water.

I _____ give _____ do not give my consent for my child to participate water day.

Signature of Parent or Legal Guardian

Photographs or videos of Beehive children are taken periodically at school by teachers, parents, or news agencies. These images might be placed on the school website, on social media (no names/faces in social media) or in print to promote Beehive Parent Child Center, Inc. Neither the parent nor the child will be compensated for these images

I _____ release _____ do not release an unrestricted right for Beehive Parent Child Center, Inc. to use photographic images of my child.

Signature of Parent or Legal Guardian

CAMP BEEHIVE
Emergency Contact Form

Child's Name: _____

Children will be released only to parents or to the person/s designated by the child's parents. The designated person is required to show photo identification.

Individuals authorized to pick up your child:

Name	Phone Number	Relationship

Individuals to call in an emergency if parents can not be reached:

Name	Phone Number	Relationship

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Beehive Director or person in charge to take my child to and/or call an ambulance as appropriate:

Name of Physician	Address	Phone
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Name of Emergency Medical Care Facility	Address	Phone
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Name of Insurance Company (if required for non-emergency treatment)	Group#	Phone
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I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature

CAMP BEEHIVE Medical Statement

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4
Polio (IPV or OPV)	_____	_____	_____	
DTaP/DT/DTP	_____	_____	_____	_____
Hib	_____	_____	_____	
Hepatitis B	_____	_____	_____	
MMR	_____			
Varicella	_____	OR Chicken Pox Case	_____	
Hepatitis A	_____	_____		
Pneumococcal Conjugate Vaccine	_____	_____	_____	_____

For 4 year-olds only

Vision Test	R 20/_____	L 20/_____	_____ Pass	_____ Fail
Hearing Test	1000HZ	2000Hz	4000Hz	
Right	_____	_____	_____	_____ Pass _____ Fail
Left	_____	_____	_____	

Known Allergies: _____

Existing Illness: _____

Previous Injury/Illness/Hospitalization during the past 12 months: _____

Special Needs: _____

***I have examined _____ within the last 12 months and determined that he/she is physically
(Child's Name)
able to participate in a preschool program.***

Physician's Signature: _____

Date: _____

Physician's Name (please print or type): _____

Address _____

Phone: _____

I authorize the health provider named above to share this information with Beehive Parent Child, Inc.

Parent's Signature