

MAGIC MUSIC MAKERS

ADVENTURE CAMP

MAY 26-29
10AM - 1:30PM
COST: \$200

AGES 3 & UP
FULLY POTTY TRAINED
MUST BE 3 BY JAN 1ST

with Miss Louanne

and Miss Carter

Calling all Adventurers and Explorers!

Let's set off on a 4-day, Magic Music Maker Adventure together to explore! Through songs, music, games, craft making, and outdoor play we will find the keys that will help us unlock and embrace the treasures of God's Wonderful World!

CONTACT: LACROSBY03@YAHOO.COM



MUSIC ADVENTURE CAMP REGISTRATION FORM

CAMP DATES: MAY 26-29, 2026

COST: \$200

DATE: _____

CASH OR CHECK PREFERRED

VENMO @LOUANNE-CROSBY-1

CONTACT: LACROSBY03@YAHOO.COM

CHILD'S NAME: _____

NICKNAME: _____

CHILD'S AGE: _____ SEX: _____ DOB: _____

PARENT'S NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



venmo

PEOPLE AUTHORIZED TO PICK UP MY CHILD:

NAME: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

KNOWN ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

(A SIGNED MEDICINE AUTHORIZATION MUST BE ON FILE AT THE PRESCHOOL OFFICE)

I UNDERSTAND THAT I WILL NOT HOLD MT. BETHEL PRESCHOOL NOR LOUANNE CROSBY LIABLE IN ANY CASE OF ACCIDENT OR INJURY TO MY CHILD WHILE PARTICIPATING IN THIS PROGRAM. IF MY CHILD, _____, SHOULD BECOME ILL OR INJURED DURING THIS PROGRAM, I UNDERSTAND THAT THE INSTRUCTORS WILL (1) CONTACT ME IMMEDIATELY, OR (2) CONTACT THE PERSONS I HAVE DESIGNATED IF I CANNOT BE REACHED. SHOULD I OR THE PERSON DESIGNATED BE UNABLE TO BE REACHED, THE INSTRUCTORS ARE AUTHORIZED TO CONTACT MY CHILD'S PHYSICIAN OR ARRANGE FOR IMMEDIATE EMERGENCY TREATMENT TO ENSURE THE HEALTH AND SAFETY OF MY CHILD. PARENTS WILL ASSUME RESPONSIBILITY FOR PAYMENT.

SIGNATURE OR PARENT/GUARDIAN: _____

PHOTO RELEASE: MT. BETHEL CHURCH PRESCHOOL AND MUSIC CAMP REQUEST YOUR PERMISSION TO PHOTOGRAPH OR VIDEO YOUR CHILD DURING VARIOUS ACTIVITIES. PHOTOS AND/OR VIDEOS WILL BE USED FOR POSSIBLE PROMOTIONAL MATERIALS FOR MT. BETHEL CHURCH PRESCHOOL, MUSIC CAMP AND THE CHURCH WEBSITE. PLEASE SIGN TO GRANT THE PRESCHOOL AND MUSIC CAMP PERMISSION TO PHOTOGRAPH AND/OR VIDEO YOUR CHILD.

PARENT'S SIGNATURE: _____ DATE: _____