

CAMP DOODLE & DISH!

SUMMER ART ADVENTURES
& CHEF CREATIONS
WITH MISS MELISSA

Cost: \$200
Ages 3 & Up



venmo

May 26-29, 2026
10AM - 1:30PM



CAMP DOODLE & DISH - ART ADVENTURES REGISTRATION FORM

CAMP DATES: MAY 26 - 29, 2026 COST: \$200

DATE: _____

VENMO @MELISSA-FORD-44
MELISSAGFORD@GMAIL.COM

CHILD'S NAME: _____
NICKNAME: _____
CHILD'S AGE: ____ SEX: ____ DOB: ____
PARENT'S NAME: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: ____



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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 MELISSA FORD 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. 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 ART 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, ART CAMP AND THE CHURCH WEBSITE. PLEASE SIGN TO GRANT THE PRESCHOOL AND ART CAMP PERMISSION TO PHOTOGRAPH AND/OR VIDEO YOUR CHILD.

PARENT'S SIGNATURE: _____ DATE: _____