



# ARTFUL ADVENTURES SUMMER CAMP

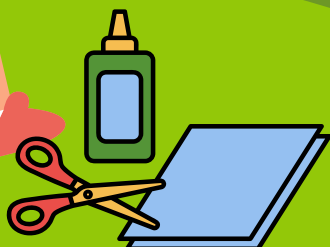
with Miss Melissa

Cost: \$185



Ages 3 & Up

May 27 - 30, 2025  
9AM - 1PM



**MB** mt bethel  
church

# ART SUMMER CAMP REGISTRATION FORM

CAMP DATES: MAY 27 - 30, 2025 (PLEASE PRINT)

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: \_\_\_\_\_

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 BECKY NEWMARK 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 CHRISTIAN PRESCHOOL AND TWO'S 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 CHRISTIAN PRESCHOOL, TWOS CAMP AND THE CHURCH WEBSITE. PLEASE SIGN TO GRANT THE PRESCHOOL AND TWOS CAMP PERMISSION TO PHOTOGRAPH AND/OR VIDEO YOUR CHILD.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_