



# THIS CAMP IS TWO-RRIFIC!

**DATES: MAY 28-31**

**TIME: 9AM-1PM**

**AGE: 2 YEARS BY START OF CAMP**

**COME LET YOUR TWO YEAR OLD ENJOY A SUMMER CAMP DESIGNED JUST FOR THEIR AGE GROUP IN MIND! EACH DAY WILL BE A FUN DAY OF CREATIVE PLAY, OUTDOOR ACTIVITIES, SHAPES, COLORS, STORIES, ART AND MORE!**

**PLAN ON SENDING A LABELED SNACK, WATER BOTTLE AND PEANUT FREE LUNCH DAILY. DON'T FORGET TO APPLY SUNSCREEN BEFORE YOU GET TO CAMP! WE'LL NEED EXTRA DIAPERS OR PULL-UPS AND A CHANGE OF CLOTHES TOO! CAMP EMAILS WILL BE SENT OUT THE WEEK BEFORE CAMP STARTS WITH ADDITIONAL INFORMATION.**

**REGISTRATION CONFIRMATION WILL BE SENT BY TEXT ONCE RECEIVED.**

**CONTACT BECKY NEWMARK WITH ANY QUESTIONS VIA TEXT 678-777-4630 OR EMAIL [BECKY.NEWMARK@MTBETHEL.ORG](mailto:BECKY.NEWMARK@MTBETHEL.ORG).**

**PAYMENT CAN BE MADE VIA CASH, CHECK OR VENMO @BEC-NEWMARK-88.**



Registration  
**\$185**

 **mt bethel**  
church

# Two-rrific Summer Camp Registration Form

Camp Dates: May 28 -31, 2024 (please print)

Date: \_\_\_\_\_

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: \_\_\_\_\_

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, Two's camp and the church website. Please sign to grant the preschool and twos camp permission to photograph and/or video your child.