

SUMMER 2026

# Summer Camp

Innovative project-based opportunities for  
girls and boys ages 5 and up

**June 8— July 31**

7:00am — 6:00pm

8:30am—3:00pm

**Registration  
\$100**



ART



Water Days



Weekly Themes



**Bethany School**

Explore all of the opportunities and register at

[GoBethany.com](http://GoBethany.com)

707-451-6683

Hello Summer Day Campers!

Here is some IMPORTANT information for you:

**Morning drop off** - PLEASE drive around the back of the property (carpool route) and park in the back. Walk to the doors at the back of the office building. The Summer Program is housed in the back classroom of the office building, classroom B16.

**Afternoon pick up** - PLEASE drive around the back of the property (carpool route) and park in the back. Walk to the doors at the back of the office building. The Summer Program is housed in the back classroom of the office building, classroom B16.

**\*If the doors are locked, please ring the bell so a staff member can open the doors for you.**

**School Office – 707-451-6683 Summer Camp Classroom (ext. 25)**

**Additional Information:**

\*Each day your child will need to bring a water bottle, lunch and a morning & afternoon snack.

**WATER DAYS** – have your child wear their bathing suit under their clothes and bring a towel, water shoes, sunscreen and a change of clothes.

\*Daily—wear suitable summer clothing (t-shirts, shorts, jeans, tennis shoes, tank tops) with closed toed shoes for safety.

**\*Sign-in/out:** A daily sign-in/out sheet will be provided. Please make sure you write the time and a signature for drop-off and pick-up.

\*If your child has medication, please let the office know right away. We have a form that will need to be filled out with instructions for medication use.

**\*Discipline:** Students in Summer Camp need to be on their best behavior. If a child exhibits extreme behaviors (tantrums, fighting, foul language and defiance) they will need to speak with Mrs. Poole, our Principal. If the behaviors continue, the parents will be notified to pick up their child.

# 2026 Summer Camp

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## Be Strong in the Lord

*Proverbs 18:10 The name of the Lord is a strong tower; the righteous run into it and are safe.*

Join us for amazing fun this summer at Bethany School! Our Summer Day Camp provides children with a safe, stimulating environment where they will make new friends and explore their creativity. Day camp is open to students' grades TK – 8th and open to all students from the community.

Create your child's perfect summer with weekly or full summer options! Our summer day camp has been designed to provide you with flexible and customizable offerings. Days start as early as 7:00 am and last as late as 6pm! Our 8-week session begins June 8th and ends on July 31st. Families also have the option of attending on a weekly basis. We do not offer pro-rated prices for partial weeks.

Activities vary from week to week and are designed to be age appropriate. Our older students will complete online enrichment activities along with engaging activities during the day. Possible activities available every session are Arts & Crafts, Physical Education Activities, Bible and much more!

Every week we will have a whiteboard up by the sign in sheet to let you know what our daily and weekly schedules will look like to make sure you know what is going on.

**Water Days: Campers will need a bathing suit, towel, sunscreen, and a change of clothes.**

### **WEEK 1: Under the Sea**

This week you can dress in all colors of the sea, Graphic Tees of the little mermaid/ Finding Nemo or your favorite creature from the ocean. **Friday June 12, 2026**, .—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** **\*\*PLEASE bring your own snacks and lunch.**

### **WEEK 2: Superhero**

Look Up in the Sky! It's a bird; it's a plane! NO! – It's a Bethany day camper! Dress up like your favorite superhero! Super Crafts, Super Games, and Super Fun! **Friday, June 19, 2026**—please wear/ bring your swimsuit to change into, we will be having water day this day. **Pizza and Chips will be provided.** **\*\*Please still bring a morning and afternoon snack. All other days, bring your own snacks and lunch.**

### **WEEK 3: Space**

You are OUT OF THIS WORLD. We will be doing art projects throughout the week. learning about our solar system. **Friday June 26, 2026**, .—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** **\*\*PLEASE bring your own snacks and lunch.**

### **WEEK 4: \*\*\* No Friday this week\*\*\* Red, White & Blue**

**Celebrate our national colors and our 250th year of America! Crafts and Games and lots of fun!**

### **WEEK 5: Dinosaurs**

This week we will learn all about dinosaurs and have fun with some arts & crafts. **Friday, July 10, 2026**—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** **\*\*PLEASE bring your own snacks and lunch.**

### **WEEK 6: Camping**

Let's learn about the great outdoors and have fun "camping." **Friday June 17, 2026**, please wear/ bring your swimsuit to change into, we will be having water day this day. **Pizza and Chips being provided.** **\*\*Please still bring a morning and afternoon snack. All other days, bring your own snacks and lunch.**

### **WEEK 7: Disney**

Wear your favorite Disney outfit! Let's have all things Disney! **Friday, July 24, 2026**—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** **\*\*PLEASE bring your own snacks and lunch.**

### **WEEK 8: Luau**

Please wear anything Luau this week from Hawaiian shirts, skirts, flowers, sunglasses and lots of leis. We will be doing some fun projects during this week luau themed. **Friday July 31, 2026**, please wear/ bring your swimsuit to change into, we will be having water day this day. **Pizza and Chips being provided.** **\*\*Please still bring a morning and afternoon snack. All other days, bring your own snacks and lunch.**

***\*Every camper will need their own reusable water bottle with their name on it. They will need a lunch, morning snack and afternoon snack. Please make sure to send them to camp with a bag/backpack with all of their supplies in it.***

*7:00 AM – 6:00 PM / \$350 per week*

*8:30 AM – 3:00 PM / \$300 per week*

### **Possible Field Trips and/or Special Activities**

\*\*Fieldtrips/Special Activities are an additional cost and the prices for all will be released prior to the date of event.

Note: All activities/fieldtrips, etc., are subject to change and/or cancellation at BLS discretion.

***\*Additional Hours / \$15 per each additional hour added to Session 2***

# Weekly Summer Camp Tuition

Bethany School • 1011 Ulatis Drive • Vacaville, CA 95687 • (707) 451-6683

	TK / Kindergarten —8th Grade
7:00 AM — 6:00 PM	\$350 per Week
8:30 AM — 3:00 PM	\$300 per week

## Financial Information

1. **School accounts for the 2025-2026 school year must be paid in full before beginning any summer program.**
2. Payments for Summer program must be made through your TADS account and will be deducted June 5th and July 6th.
3. Late fees of \$50 are assessed for payments not received by the due date.
4. After hours fees for students who remain on campus after their program pickup time will be charged \$10.00 for every 5 minutes or portion thereof.
5. Tuition will not be prorated due to absence or late entry.
6. Fieldtrips/Special Activities are an additional cost and the prices for all activities will be released prior to the event.

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED CONTRACT FOR PAYMENT AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS ENROLLMENT.

**I/We, agree to be financially responsible for paying the program tuition and all fees.**

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

# Bethany Schools

1011 Ulatis Dr. • Vacaville, CA 95687 • Phone 707-451-6683 • Fax 707-359-2230



## Summer Registration — 2026

Registration Fee - \$100 due at registration

Entering Grade: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  Male  Female

Student's Address: \_\_\_\_\_  
(Street) (City) (Zip)

Student resides with (check one):  Both Parents  Mother\*  Father\*  Shared Custody  
 Guardian(s)  Other \_\_\_\_\_

\*Legal Custodial Documents/Agreements (if applicable) must be on file with the school office.

### PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Please print clearly.)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address Same as Above  (Please print clearly.)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT NUMBERS & MEDICAL INFORMATION

Contact Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

**ALLERGIES (List):** \_\_\_\_\_

**EPI PEN: Y / N (circle one)** Please have an EPI PEN stored at the school.

### Parental Agreement

Authorization, consent, medical release for medical treatment, payment and permission to attend field trips off campus. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. We the undersigned, parent(s), do authorize personnel of Bethany School to give authorization for examination, medical or surgical diagnosis or treatment and hospital care and ambulance transportation which is advisable by medical staff licensed under the provision of the Medicine Practice Act, in the event of an emergency and the parent(s)/guardian(s) are unable to be reached. I agree to pay all/any expenses incurred heretofore. This authorization shall remain for the duration that my child attends Bethany School's Summer Program.

I, \_\_\_\_\_ am the parent (legal parent/guardian) of \_\_\_\_\_, who attends Bethany School Summer program. I have read and agree to the above, as well as all the information in the registration packet.

Parent/Legal Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# BLS Summer Program 2025

Student \_\_\_\_\_ Grade \_\_\_\_\_

## Weekly Camp

*Please indicate week/session choices.*

June 8—June 12	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

June 15—June 19	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

June 22—June 26	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

***June 29—July 2 (4 days)	Session 1	_____	7:00 AM—6:00 PM	\$280	
	Session 2	_____	8:30 AM—3:00 PM	\$240	
					TOTAL \$ _____

July 6— July 10	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

July 13—July 17	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

July 20—July 24	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

July 27— July 31	Session 1	_____	7:00 AM—6:00 PM	\$350	
	Session 2	_____	8:30 AM—3:00 PM	\$300	
					TOTAL \$ _____

**GRAND TOTAL** \$ \_\_\_\_\_

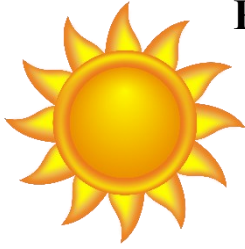
**Please check one box:**

**Please charge TADS \$100 registration fee through my TADS account** \_\_\_\_\_  **I have attached a check/cash of \$100 for the registration fee** \_\_\_\_\_

Initials

initials

\*\*Fieldtrips/Special Activities are an additional cost and the prices for all will be released prior to the date of the event. *\*Additional Hours / \$15 per each additional hour added to Session 2*



## Parent's/Guardian's Permission To Apply Sunscreen

As the parent/guardian of \_\_\_\_\_, I give permission for the staff at Bethany School Summer Program to apply a sunscreen product of SPF -15 or higher to my child, as specified below, when he/she will be playing outside.

- I give permission for Bethany staff to apply sunscreen to my child as needed throughout the day
- For medical or other reasons, please do not apply sunscreen to my child

I acknowledge that I am responsible for applying sunscreen to my child before they come to the Summer Program, and that my child needs to bring sunscreen with them daily.

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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

\*valid for 6 months from the signed date

BETHANY SCHOOL  
1011 Ulatis Drive  
Vacaville, CA 95688

## SUMMER CAMP MEDICATION REQUEST

California Education Code mandates that a policy be in place when students must take medication during summer camp hours. In order for your student to take medication during camp hours, the school must have this request on file. Please return the completed request to the school office before bringing any existing or new medication to school. The school must be given written notification of any change in medication. This form must be renewed if medication changes for any reason.

- All prescribed medication must be in the student's name in its original container.
- Instructions must be noted as to how any/all medications are to be administered.
- Medication expiration date must be current.
- **Students who may require life-saving medication (i.e., epi-pens, inhalers, etc., are not allowed to attend school if medication(s) are not current.**

## PARENT REQUEST

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Ongoing Prescribed Medication(s) \_\_\_\_\_

Instructions \_\_\_\_\_

Possible side effects \_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

I hereby request Bethany School personnel to supervise the administration of the medication prescribed for my child, named above. It is fully understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request, aided by consultation of a physician that the prescribed medication and dosages are safe. I further understand that each time the medication is administered, it -will not be administered to my child by a licensed health care professional. By my signature on this form, I consent to this, and I voluntarily and knowingly assume the risks associated with this issue.

**Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those caused by the school personnel's failure to remind students to take the prescribed medication and to monitor its dosage.** \_\_\_\_\_

**Initials**

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

