

SUMMER 2025

Summer Camp

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

June 9— August 1

7:00am — 6:00pm

8:30am—3:00pm

**Registration
\$75**



ART



Water Days



Weekly Themes



Bethany School

Explore all of the opportunities and register at

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, 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.

2025 Summer Camp

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. This program is led by experienced staff and features low student to staff ratios based on grade level (TK-2nd and 3rd-8th). 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 7-week session begins June 9th and ends on August 1st. 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 in the morning with engaging activities during the day. Possible activities available every session are Arts & Crafts, Khan Academy, 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 13, 2025**, 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 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 20, 2025**—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** ****PLEASE 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 27, 2025**, 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.**

(CLOSED The week of July 4th—NO SUMMER CAMP)

WEEK 4: Dinosaurs

This week we will learn all about dinosaurs and have fun with some arts & crafts. **Friday, July 11, 2025**—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** ****PLEASE bring your own snacks and lunch.**

WEEK 5: Camping

Let's learn about the great outdoors and have fun "camping." **Friday June 18, 2025**, 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 6: Disney

Wear your favorite Disney outfit! Let's have with all things Disney! **Friday, July 25, 2025**—wear your PJs, bring a blanket and stuffy for **MOVIE FRIDAY!** ****PLEASE bring your own snacks and lunch.**

WEEK 7: 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 and tiki themed. **Friday August 1, 2025**, 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 / \$325 per week

8:30 AM – 3:00 PM / \$250 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	\$325 per Week
8:30 AM — 3:00 PM	\$250 per week

Financial Information

- 1. School accounts for the 2024-25 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 5th.
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 — 2025

Registration Fee - \$75 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 9—June 13	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

June 16—June 20	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

June 23—June 27	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

NO SUMMER PROGRAM THE WEEK OF July 4

July 7 — July 11	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

July 14—July 18	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

July 21—July 25	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

July 28— August 1	Session 1	_____	7:00 AM—6:00 PM	\$325	
	Session 2	_____	8:30 AM—3:00 PM	\$250	
					TOTAL \$ _____

GRAND TOTAL \$ _____

Please check one box:

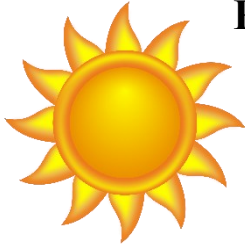
Please charge TADS \$75 registration fee through my TADS account _____

I have attached a check/cash of \$75 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 _____

To be completed by staff member each time medication administered:

Date Given	Time of Dosage	Staff Initial	Med. Name	Dosage
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Please Note: A child should stay home after first dose of prescribed medication for a minimum of 1 working day (24 Hours)