

BETHANY SCHOOL SUMMER CAMP

<OUR ACTIVITIES>

FIELDTRIPS,
ENRICHMENT
PROGRAMS,
MUSIC,
SWIMMING,
WATER
ACTIVITIES AND
MORE

> JUNE 10 - AUG. 9

6:30AM - 6:00PM

> OPEN TO AGES
5 AND UP

BETHANY LUTHERAN SCHOOL
1011 ULATIS DRIVE, VACAVILLE, CA

\$50
Registration

CONTACT US AT (707) 451-6683

WWW.GOBETHANY.COM

Spiritual Emphasis:

Your child's spiritual growth is our top priority and you'll see a spiritual emphasis throughout our summer program.

Admissions, Enrollment and Cancellations:

Enrollment is on a first come first serve basis. There is no enrollment deadline. A 5% discount will be given to any family that enrolls and attends six (6) or more week. Discount will be applied toward the final weeks tuition.

Staff:

Summer staff includes both school year employees and seasonal staff. All of which meet the high standards for any BLS staff and pass background screening and fingerprinting.

Conduct:

Bethany strives for a safe and secure place for all children in which they are free to learn and grow. It's important that students and parents understand the guidelines and agree to abide by them:

- Although the dress code is casual during the summer, students are expected to adhere to the free dress standards of BLS.
- Students must show respect, be responsible for their actions, and cooperate in cultivating relationships with all other students and staff.
- Concerns should be resolved following the principles outlined in the book of Matthew, chapter 18.

Students Requiring Medication:

School personnel are not allowed to give medication of any kind without written authorization from the doctor and/or parent. Medications must remain with school personnel at all times and must be accompanied by an instruction sheet (student's name, dosage, frequency, etc.). All student medications must be in the original container and must be current. School personnel are not allowed to administer medication of any kind that has an expired date. Medication form available upon request.

Field Trips:

We take several off-campus field trips such as swimming, museums, exploration, parks, bowling, etc. **Field trips are an additional cost and the prices for all field trips will be released prior to the field trip.** Students attending the summer program on field trip days must participate in the field trip.

Snack & Lunches:

Parents are to provide an afternoon snack and lunch each day. The program will be serving snacks that coincide with the theme of the week for the morning snack. . Please be sure to pack an adequate amount of food for your student each day.

Library & City Coach:

Campers should have both a current library card and a City Coach Pass. We will visit the library as part of our literature and reading segment of camp and for special programs. Whenever possible we will access City Coach for our field trip. If your child will be in the summer program throughout the summer, you may want to consider a pass.

2019 Summer Camp / Enrichment

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 Lutheran School! Our Summer Day Camp & Enrichment program provides children a safe, stimulating environment where they will make new friends and explore their creativity. This program is led by experienced teachers and features low student to teacher ratios based on grade level (K-4 and 5-8). Day camp is open to students' grades K – 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 6:30am and last as late as 6pm! Our 9-week session begins June 10th and ends on August 9th. Families also have the option of attending on a weekly basis. We do not offer pro-rated prices for partial weeks. Summer camp will have a field trip on Wednesdays and each Friday we will be going swimming at the Walter Graham Aquatic Center, Vacaville. Fieldtrips are subject to cancellation due to lack of participation and a **summer bus pass will need to be purchased for each camper.**

Activities vary from week to week and are designed to be age appropriate. All students will complete online enrichment activities in the morning with fun and crafts after. Activities available every session are: Arts & Crafts, Khan Academy Level Up in Math, English and Reading enrichment program, Wednesday/Friday Field Trips off campus, Creative Writing Workshop, STEM courses, weekly themes, and much more!

WEEK 1:

June 10 – 14: Super Heroes – 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! Waterslide fun! Super Snacks, Super Games, and Super Crafts! Fieldtrip to Rockin' Jump *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 2:

June 17 – 21: Culinary Week – Bring your little chefs for a Ratatouille Day: learn how to mix & freeze goodies. See how skillful you are during our food coloring paintball war (in water balloons), Enjoy a BBQ picnic feast and hear a story of Jesus feeding thousands. Fieldtrip to Jelly Belly & *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 3:

June 24 – 28: Under the Sea – Aloha! Dress up Hawaiian day! Make your very own Jellyfish sun catchers. Play whimsical mermaid games, eat crabby veggie snacks and experience sandbox & waterslide play. We may even have a possible shark encounter fieldtrip! There will be an extra pool day if no fieldtrip & *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 4: *Thursday, July 4th – CLOSED! Program resumes Friday, July 5th

July 1 – 5: Red, White & Blue (Rodeo) – show your Patriotic Spirit this week with a fireworks theme (aka sprinkler) party! Wear your favorite Red, White & Blue outfit on dress up day! Yummy Red, White & Blue treats with a BBQ after the rodeo (homemade stick horse.) Show your skill at the water gun target practice or color water game. Fieldtrip to a local farm & *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 5:

July 8 – 12: Pirates – Yo Ho, Yo Ho! It's a Pirates Life for Me! Dress up as a pirate and walk the plank this week! Make your own pirate flag and try your luck during a Scavenger (Treasure) Hunt! Pirate's Booty and Punch with Ice Cream! Water balloons, volleyball and a pirates duel! Fieldtrip to STARS Bowling – where you will throw “cannon balls” down the lane! *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 6: *\$10 fee for Drama t-shirt

July 15 – 19: Drama Camp – Join our yearly drama camp week and learn about acting, making backdrops, props and costumes! Learn about lighting and sound and what it takes to put on a production from start to finish! Join the cast either as an actor or behind the scenes for the Thursday Evening Performance at Bethany Church – after a wonderful dinner is served. This is always one of our most fun and enjoyable events at Bethany! The camp will be at the Ulatis campus with the Thursday evening performance at Bethany Church. *More information to follow*. *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 7:

July 22 – 26: Bugs are Rad! – Come and paint your very own rock and make it look like a bug! Enjoy bug snacks and make bug antennas, eyes and dress up as a bug! Your child will have an awesome time creating a different masterpiece and fun craft each day based on our bug of the day. Play exterminator with water guns. Fieldtrip to Pena Adobe for a nature hike to take photos of all the bugs we see near us! *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 8:

July 29 – August 2: Be a Jr. Scientist! – Let's do amazing science experiments while we celebrate Jr. Scientist week! Dress up like a mad scientist or inventor! Make your very own SLIME, bath bomb, volcano and fluffy foam! What will happen during our Sun & Science experiment?! Play Fill the Bucket Water Game and play with giant bubbles! Our fieldtrip will be to ExplorIt Science Center (Davis.) *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

WEEK 9:

August 5 – 9: Olympics! – Dress up in gym/workout/sports themed clothing! We will be competing in relays, obstacle courses and lots of water games! We will be eating healthy snacks to match our fitness theme! And of course we will be presenting everyone with their Olympic Medals! This week's fieldtrip will be to the park to have a picnic! *Pool day Friday*. **Friday Pickup Time – 5:30pm @ Walter Graham Aquatic Center**

6:30 AM – 6:00 PM / \$210
9:00 AM – 4:00 PM / \$185
6:30 AM – 12:30 PM / \$150

Friday Pool Days at the Aquatic Center – children must be picked up from the pool center by 5:30pm.

*****Fieldtrips are an additional cost and the prices for all fieldtrips will be released prior to the fieldtrip.***

For full details, please visit www.gobethany.com

Note: Even though a portion of our enrichment classes have some academic basis, they are not structured to provide remediation of any academic area. Therefore, students who wish to remediate low grades will need to contact the office to determine if schools' courses are available to remediate a grade.

Weekly Summer Tuition

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

	Kindergarten — 8th Grade (Your child must have completed kindergarten already)
6:30 AM — 6:00 PM	\$210 per Week
9:00 AM — 4:00 PM	\$185 per week
6:30 AM — 12:00 PM	\$150 per week

Financial Information

1. School accounts for the 2018-19 school year must be paid in full before beginning any summer program.
2. Payments for Summer program must be made through ACH (automated check handling) which will be withdrawn on a monthly basis or must be paid in full before the first day of camp for that month. If you do not have a current ACH account with Bethany, one can be established by completing an ACH form which are available in the school or church office.
3. Late fees of \$25 are assessed for payments not received by the due date. A \$25 returned check fee is assessed for all returns..
4. After hours fees for students who remain on campus after their program pickup time will be \$5.00 for every 5 minutes or portion thereof.
5. Tuition will not be prorated due to absence or late entry.

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: _____ Signature _____ Date: _____

Bethany Lutheran Schools

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



Summer Registration — 2019

Registration Fee - \$50 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: _____
(Please print clearly.)

Home Address Same as Above

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Check if BLS student with an emergency card on file. (Please make any changes to the existing emergency card that may be necessary.)

New to BLS—please complete the attached Student Emergency Information form (2 pages). Please also include any additional information about your student that we should be aware of.

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 Lutheran 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 Lutheran School's Summer Program.

I, _____ am the parent (legal parent/guardian) of _____, who attends Bethany Lutheran 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 2019

Student _____ Grade _____

Weekly Camp

Please indicate week/session choices.

June 10—June 14	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

June 17—June 21	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

June 24—June 28	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

July 1—July 5 *July 4th—Closed	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

July 8—July 12	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

July 15—July 19	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

July 22—July 26	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

July 29—Aug 2	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

Aug 5—Aug 9	Session 1	_____	6:30 AM—6:00 PM	\$210	TOTAL \$ _____
	Session 2	_____	9:00 AM—4:00 PM	\$185	
	Session 3	_____	6:30 AM—12:00 PM	\$150	

****Field trips are an additional cost and the prices for all field trips will be released prior to the field trip.**



PLEASE PROVIDE ALL INFORMATION FOR BOTH PARENTS, INCLUDING ALL CURRENT TELEPHONE NUMBERS. THIS EMERGENCY INFORMATION IS USED WHEN ATTENDING OFF CAMPUS EVENTS AND ACTIVITIES OR IN THE EVENT OF AN EMERGENCY THAT REQUIRES US TO LEAVE CAMPUS.

STUDENT EMERGENCY INFORMATION (Please print clearly)				
STUDENT INFO	<u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	Middle Name	Birth Date
	Student Also Known As		Best Emergency #	Grade
	Student's Address (Please include Street, City, State, and Zip)			
Student Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Grandparent(s) Other: _____				
PARENT/GUARDIAN INFO	First point of contact in case of emergency <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
	Mother's/Female Guardian's Name		Father's/Male Guardian's Name	
	Best # to reach mother in case of emergency: Cell / Home / Work		Best # to reach father in case of emergency: Cell / Home / Work	
	Mother's Employer		Father's Employer	
	Location (City)	Work #	Location (City)	Work #
	Home #	Cell #	Home #	Cell #
Non-residential parent info. (Parent not living with student) Name: _____ Cell # _____ Home # _____ Home Address: _____				
MEDICAL	Doctor's Name		Dentist	
	Phone #	Location	Phone #	Location
	Insurance Carrier and Medical Number		Insurance Carrier and Medical Number	
	I request that my child receive first aid service whenever it is deemed necessary. In case of emergency illness or accident to my child, the school is authorized to proceed as indicated on this form if we cannot be reached. Permission is hereby given for authorized school personnel to transport my child, call an ambulance, and/or to seek other emergency care if physician cannot be contacted.			
SIGNATURE OF PARENT/GUARDIAN			DATE	
EMERGENCY CONTACT INFO	List <u>local</u> emergency contacts who have agreed to take either temporary care of your child (in case of illness) or extended care (in case of a natural disaster, if a parent cannot be reached.)			
	Name	Relationship	Cell Phone	Home Phone
	1			
	2			
	3			
Daycare Provider		Daycare Phone #	Daycare Location	
STUDENT NOT TO BE RELEASED TO:				
NAME: _____		RELATIONSHIP: _____		
Court Order On File: _____ (Please provide school with a copy)		Date Verified: _____		
Comments: _____				
PICKUP AUTHORIZATION	I hereby authorize the individuals listed below to pick up my child from school or Extended Care.			
	Name	Relationship	Cell Phone	Home Phone
	1			
	2			
	3			
	4			
	5			
Permission is hereby given authorizing Bethany Lutheran School to release my child to individuals listed in the preceding two sections.				
SIGNATURE OF PARENT/GUARDIAN			DATE	

SEVERE MEDICAL/ALLERGY ALERT:

Epi-Pen Yes No

Student Name: _____

Allergies Yes ___ No ___
Allergic to food, drug, insects, pollen. Please list all that apply. _____

Epi-Pen Yes ___ No ___
Has the allergy required emergency action in the past? Yes ___ No ___
Comments: _____

ADD/ADHD Yes ___ No ___ Medication _____ at school _____ at home _____

Asthma Yes ___ No ___ Triggered by _____
Medication _____ at school _____ at home _____

Bee Sting Yes ___ No ___ Describe reaction _____ Epi-Pen: Yes ___ No ___

Diabetes Yes ___ No ___ Takes insulin Yes ___ No ___ at school _____ at home _____

Migraines Yes ___ No ___ Diagnosed by Doctor _____ Date _____
Medication _____ at school _____ at home _____

Please list all other health concerns and treatments that pertain to this student: (i.e., Epilepsy, seizures, heart condition, Cerebral Palsy, high blood pressure, etc.)

Please check off any of the following health concerns that pertain to this student:

Eyes: Wears glasses ___ Contacts ___ Difficulty Seeing ___ Crossed Eyes ___ Lazy Eye ___ Distance ___ Reading ___

Ears: Tubes ___ Hearing Aids: Right ___ Left ___

Other: _____

List any conditions that prevent/limit P.E. participation: _____

Information on this form will be shared with school staff and entered into our student database. Please contact the school with any changes to this information.

Parent Signature: _____

Date: _____