



Camp Son-Light 2018

155 Linwood Avenue, Ridgewood, NJ 07450

Tel. (201) 444-6678

SUMMER FUN at BELC!

Open to all! Invite your friends!

Camp Son-Light is designed to build up and nurture your child's faith through old fashion fun! Camp is geared for children 4-6 years old. Each day our campers will experience arts & crafts, outdoor games, water play and music. Outragehiss Pets will visit us on weeks 1, 3, & 5. Children bring their picnic lunch Tuesday-Friday; pizza is offered for a fee on either Thursday or Friday.

**COST: \$25.00 registration per person (family maximum is \$45.00)
\$175.00 per week, or
\$160.00 per week if you enroll and pay for 4 weeks**

All weeks are Tuesday - Friday, 9:30am-12:30pm.

Themes change weekly to keep our campers engaged and curious!

| | |
|-----------------------------|--|
| Week 1: June 19, 20, 21, 22 | Jumping for Jesus - Fun & Fitness |
| Week 2: June 26, 27, 28, 29 | Noah's Ark - Musical Theater* |
| No Camp week of July 3-6 | |
| Week 3: July 10, 11, 12, 13 | Jesus is Out of this World - Space Adventure |
| Week 4: July 17, 18, 19, 20 | Jonah and the Whale - Musical Theater* |
| Week 5: July 24, 25, 26, 27 | Buggy for Jesus - Exploring Insects |

* All are invited to a performance on Friday.

To register, please fill out the attached form and return to BELC. Please use **one** registration form per child; you may copy form for additional registrations. Your spot is secured with payment in full.

Any questions, please call our office at **201-444-6678**.

**Changes will be accepted and credit given up until 1 week before the start of each session.
NO REFUNDS**

Minimum number of campers required for program to run



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To register: Please fill out this form and make checks payable to: BELC.

CHILD'S NAME _____ Sex M F Nickname: _____

BIRTH DATE _____ Age _____ Grade entering in September _____

PARENTS' NAMES _____ E-mail: _____

ADDRESS _____ Town _____ Zip _____

HOME PHONE # _____ CELL # _____ WORK # _____

EMERGENCY NAME AND PHONE # _____

DOCTOR _____ PHONE # _____

Please list and be specific about ANY ALLERGIES OR MEDICAL CONDITIONS that we should be aware of: _____

Allergies to medication ___yes___no Allergic to bee stings ___yes___no Uses Epipen ___yes___no

MY CHILD WILL ATTEND: (please check)

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I HEREBY RELEASE BETHLEHEM EARLY LEARNING CENTER/CAMP SON-LIGHT FROM ANY LIABILITY FOR INJURIES SUSTAINED BY MY CHILD DUE TO HIS/HER PARTICIPATION IN THIS PROGRAM. I ACCEPT ALL RESPONSIBILITIES FOR HIS/HER FOLLOWING DIRECTIONS WHILE ENGAGED IN ACTIVITIES AT CAMP SON-LIGHT.

Parent/Guardian Signature

Date

I give Bethlehem Early Learning Center permission to publish pictures of my son/daughter _____ in local newspapers, BELC brochures and on our website, Facebook page and Instagram.

Parent/Guardian Signature

Date

\$25.00 registration per person (family maximum is **\$45.00**)

\$175.00 per week (**\$160.00** per week if you enroll and pay for 4 weeks)

Please make check payable to BELC.

Registration fee \$ _____

of weeks attending x \$175.00 \$ _____

4 weeks attending x \$160.00 \$ _____

TOTAL \$ _____

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NO REFUNDS**