

Camp Bug-a-Lou

3 1/2 - 6 Year Olds (entering Kindergarten)

(Our Mini Bugs Program is available for the younger campers, see Mini Bugs Form)

Camper's Name _____ Birthdate _____

Registration begins March 6th (for current or fall registered students). Registration will be open to the public starting on March 15th

Hours: 9:00-12:00 OR 9:00-1:00

Camp Schedule: Workshop 1: 9:00 - 10:15, Bathroom/Snack 10:15 - 10:40, Workshop 2: 10:40 - 12:00, Lunch 12:00 - 12:30, Workshop 3: 12:30 - 1:00

PICK YOUR DAYS!!!

Choose Week(s), Hours & Circle Day(s) desired for each week(s) session

Weekly Cost (9-12:00/9-1:00): 1 day, (\$25/\$30), 2 days (\$50/\$60), 3 days (\$75/\$85), 4 days (\$95/\$105), 5 days (\$110/\$125)

June 5 – June 9 Circle desired hours & day(s) for this week **9:00 -12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Hawaiian Hula Baloo" Workshop 2: "My Big Backyard" Workshop 3: "Goofy Camp Games"

June 12 – June 16 Circle desired hours & day(s) for this week **9:00 -12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Cowboy Camping" Workshop 2: "Little Picasso's" Workshop 3: "Indoor Sports"

June 19 – June 23 Circle desired hours & day(s) for this week **9:00 -12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Destination Vacation" Workshop 2: "Zip, Zoom, Flutter & Fly!" Workshop 3: "Bug-a-Lou HOP!"

June 26 – June 30 Circle desired hours & day(s) for this week **9:00-12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Slimy & Goopy Science" Workshop 2: "Works of Art." Workshop 3: "Yoga Pretzels"

NO CAMP the week of July 3rd - 7th

July 10 – July 14 Circle desired hours & day(s) for this week **9:00 -12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Space Adventures" Workshop 2: "Oceans Ahoy" Workshop 3: "COOL Sports"

July 17 – July 21 Circle desired hours & day(s) for this week **9:00 -12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Kitchen Science" Workshop 2: "Storybook Weaver" Workshop 3: "Twist & Shout to the Music!"

July 24 – July 28 Circle desired hours & day(s) for this week **9:00-12:00** OR **9:00 -1:00** **M T W Th F** \$
 Workshop 1: "Imagination Boxes" Workshop 2: "Animal Art" Workshop 3: "Wacky Olympics"

Days may be "swapped" until May 1st if space is available (sorry, no refunds or credits).

Due to limited space "summer" tuition is non-refundable & you are financially responsible for any weeks or days chosen.

Tuition is due in full at time of Registration with the EXCEPTION of current Best Pals families.

(Current families enrolled at Best Pals can make payments, with the final camp balance paid by 5/10/17)

\$25.00 Summer Reg. Fee is due at registration for non-Best Pals families. Current families Do Not Pay registration fees for Camp.

Due to limited space, I understand I am financially responsible for the days my child is scheduled to attend Camp Bug-a-Lou.

I understand I may swap days (if space is available) up until May 1st.

Parent Signature

Date

Total: _____ Ck # _____ Total Paid: _____ Date: _____

Camp Bug-a-Lou

Workshop Descriptions

(A brief overview of each hands-on workshop, listed alphabetically)

Animal Art Have a “roaring” good time creating various art projects inspired by the wild world of animals

Bug-a-Lou Dance Dance to the beat & move your feet. Come join this upbeat music & movement workshop

COOL Sports Indoor sports with a twist of fun! Campers enjoy a wide variety of floor games, sports & activities

Cowboy Camping Kick up your heels and join our western round-up of fun, art, activities & music!

Destination Vacation Take an adventurous trip around the globe through crafts, games and activities

Goofy Camp Games Indoor “camp-style” silly & lighthearted wacky physical games fill this zany workshop

Hawaiian Hullabaloo Aloha! Let’s take a trip to the beach. Explore hands-on Hawaiian inspired crafts & activities

Imagination Boxes Let your imagination soar with our “discovery boxes” filled with oodles of pretend play

Indoor Sports Get out of the heat & join our indoor sports workshop. Games, sports skills and team activities

Kitchen Science We’re mixing things up with kitchen pantry items. Hands-on simple, scientific experiments

Little Picasso's Various techniques, textures & color palettes are explored to create one of a kind masterpieces

My Big Backyard Explore our “indoor” backyard filled with fun adventurous crafts, music & active fun

Oceans Ahoy Ride the wave of fun through hands-on ocean & beach inspired crafts, stories & activities

Slimy & Goopy Science Loads of hands-on science activities filled with ooey, goopy, slimy fun

Space Adventures Take off with us as we fly to outer space & explore the planets of our solar system

Storybook Weaver Journey through the pages of books from famous authors. Hands-on art & activities

Twist & Shout with Music! Exercise & fun all rolled into one! A active blend of games & movement

Yoga Pretzels Bend, stretch and relax while learning Yoga techniques in a fun and uniquely flexible way!

Works of Art Join us as we serve up a smorgasbord of art, crafts & projects through various mediums

Zip, Zoom, Flutter & Fly Do you love bugs? Join the camp fun as we make “buggy” art projects & crafts



Arizona Department of Health Services
Bureau of Child Care Licensing

CDC/SGH# or name: _____

EMERGENCY, INFORMATION AND IMMUNIZATION RECORD CARD

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.
It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes , describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes , specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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