



SUMMER FUN WORKSHOPS 2026

IMPORTANT INFORMATION *(keep for reference)*

Donation: \$40.00 per child for each workshop or \$100 per child for all three workshops

Includes: All activities, special snacks and crafts.

Registration:

1. Space is limited so early registration is recommended.
2. **Payment is due with registration.**
3. Registration deadline is one week before camp (August 9th).
4. Registration fees are non-refundable after August 9^h.
5. Registration form should be returned to
Believers Church @ Glenville, 304 Swaggertown Rd., Scotia NY 12302. Attn.: Wendy Bartell **before** the first day of the workshops.

Supply List:

Each child will need to:

1. Bring their own lunch, snack and water bottle each day. It would be helpful if items did not need to be refrigerated or heated.
2. Wear clothing appropriate for the weather.
3. Antibacterial Lotion (only if you have a preference). We will have antibacterial lotion on hand.
4. Wear sneakers (sandals would not be appropriate in the area that we will be in or for playing games).
5. Wear or bring sunscreen and bug repellent **(Be advised that we will be outside part of the day in a wooded area. A daily tick check would be recommended.)**

Each workshop will have a feature for the day. Each day will also include a special snack, outdoor activities (large group games, zip line, tire swing, slack line, climbing wall, and trail walks) and crafts.



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REGISTRATION FORM

NAME _____ Age/DOB _____

Parents' Names _____

Address _____

Day Time Phone Number _____ Cell Number _____

E-Mail _____

How did you hear about Summer Fun Workshops? _____

Please register my child for :

- Outdoor Adventure Workshop (Monday 8/17)
- Wild Wednesday (Wednesday 8/19)
- Kids Can Cook Workshop (Friday 8/21)
- All 3 workshops

Emergency Contact List

Numbers will be called in the order that they are given in the case of an emergency.

1. _____ Phone: _____
Relationship: _____

2. _____ Phone: _____
Relationship: _____

3. _____ Phone: _____
Relationship: _____

Medical Information

Does your child have a history of any of these conditions? Please check all that apply.

Be sure to describe any and all details regarding your child's health conditions that would be helpful to the workshop personnel.

Seizures: _____ T r e a t m e n t :

Diabetes: _____ T r e a t m e n t :

Asthma: _____ T r e a t m e n t :

Allergies: _____ Type: _____

T r e a t m e n t :

Physical Limitations: _____ Explain: _____

Other: _____ Explain: _____

Has your child ever been stung by a bee? Yes No If yes, any reaction? _____

Primary Physician's Name: (First) _____ (Last) _____ Phone
Number: _____

Dentist's Name: (First) _____ (Last) _____ Phone
Number: _____

WE REQUEST THAT YOU DO NOT BRING YOUR CHILD TO A WORKSHOP IF THEY HAVE ANY SIGNS OF ILLNESS.

Pick Up Information

Your child will be released only to persons listed:

- | Name | Phone |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Each workshop will end each day at 4:00 pm. **It is expected that arrangements will be made to pick your child up promptly at 4:00 pm.**

In the event a child is non-compliant, disruptive, or displays inappropriate behavior (threatening, swearing,), the Director reserves the right to call the parent and have the child not return for the remainder of the session. A refund would not be given.

I, _____, parent /guardian of _____
have read, understand and agree on the terms listed above for Summer Fun Workshops 2026

Signed _____ Date _____