

ArtCamp Registration Form

Camp Dates: June 10-14, 2019

Student Information

Last Name _____ First _____ Middle _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth ____/____/____ Age _____ Gender _____

Grade Entering Fall 2019 _____ School _____

Parent/Guardian Information

Mother/ Guardian #1 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian #2 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Tuition and Supplies _____ \$200.00

Camp Alumni Yes / No

____ Yes, put me with my friend*. My friend's name _____

* Campers can be placed with friends as long as they are in the same grade. However, if a friend is one grade higher or lower, the two can be paired in the lower grade together.

Mail completed registration form, medical release form and full payment to:

**Deborah Robbins
RE: ArtCamp 2019 Registration
5710 W. Casey Drive
Rogers, AR 72758**

Checks should be made payable to First Presbyterian Church Rogers

Terms and Conditions

Enrollment is on a first come, first served basis. No student's space will be held without full payment of all class fees. We will continue to accept registration until maximum enrollment is filled. In the event, ArtCamp reaches maximum enrollment, remaining applicants will be placed on a waiting list and will be notified if space becomes available.

Tuition and Supply fees due upon registration. Tuition and supply fees include snacks and all art supplies. Checks should be made payable to First Presbyterian Church.

Camp Refund Policy: Refunds available up to three weeks prior to camp start date. When issuing refunds, \$ 50.00 of the registration will be retained as cancellation fee. To withdraw from camp, parents must notify Deborah Robbins at 479-644-4216.

Confirmation: Campers will receive a camp information email 3 weeks before camp begins. This letter will provide additional information for campers about ArtCamp daily operations.

Absentee Policy: ArtCamp is not responsible for classes missed due to illness. No refunds will be made.

ArtCamp Medical Release Form

Student Information

Last Name _____ First _____ Gender _____ Date of Birth _____

Parent/Guardian Information

Name _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Information (Must be completed)

Dietary Restrictions Yes ___ No ___ Explain _____

Allergies Yes ___ No ___ Explain _____

List any medication child is currently taking: _____

List any special needs or important information about your child's medical history/behavior _____

Emergency Contact Information (Must be completed)

Name and number of relative/neighbor in case you cannot be reached in an emergency

#1 Name/Relationship _____ Phone _____

#2 Name/Relationship _____ Phone _____

I confirm that the information above is accurate and complete _____

Parent /Guardian Signature

Date

Emergency Medical Consent

I give my permission for any health care provider to administration of any treatment deemed necessary by a licensed physician or dentist at any hospital reasonably accessible immediately to our child _____ should he/she become injured in any way during the dates of ArtCamp, June 3-7 and June 10-14, 2019 and to do so without having to wait until we are contacted.

Parent /Guardian Signature

Date

Liability Wavier

I the parent/guardian of _____ (Child), in consideration of the permission granted to participate in the activities of Art Camp, release and discharge First Presbyterian Church, the teachers, and staff of the Art Camp, from all claims which the undersigned have or may have for claims of any nature including, but not limited to, personal injuries or property damage caused by or arising out of any activity or involvement that my child may have with the Art Camp, teachers, or staff.

Parent /Guardian Signature

Date

Photography Release

Photographs of your children and their art projects may be taken during the classes and used in a parent program presentation.. These photographs will not be used outside of camp week unless you authorized their use separately below. I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Parent /Guardian Signature

Date

By signing below I give Art Camp permission to take photographs of my child and to use these photographs in promotional material, print media, social media or to be posted on the ArtCamp/First Presbyterian website.

Parent /Guardian Signature

Date