



Name _____

ArtVentures! Summer Day Camp 2018

CAMP REGISTRATION

PLEASE PRINT ALL INFORMATION. USE A SEPARATE FORM FOR EACH CHILD.

CHILD'S Last Name _____ First _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Male Female

School _____ Grade _____

Email address _____

Parent's Name	Parent's Name
Home Phone	Home Phone
Business Phone	Business Phone
Cell Phone	Cell Phone

SESSION INFORMATION

July 9 - 20, 2018

Monday to Friday; 9am to 5pm

2-week session: Fee: \$ 1,975

Dates: July 9-20

1-week session: Fee: \$ 1,035

PAYMENT INFORMATION

A non-refundable deposit of \$ 300 must be enclosed with this form. Balance is due no later than May 26, 2017.

Check made payable to Wet Paint Art Studio

Camp Fee:	\$ _____
Deposit: (\$ 300 minimum)	\$ _____
BALANCE:	\$ _____

Parent/Guardian Signature _____ Date _____

REGISTRATION CHECKLIST:

- _____ Complete Registration Form
- _____ Check session(s) that your child will attend
- _____ Complete payment information section
- _____ Complete Health Form
- _____ Complete Release Form

Return forms, with check-deposit made payable to Wet Paint Art Studio:

ArtVentures!/Wet Paint! Art Studio
118 Chambers St., #2
New York, NY 10007

Name _____

ArtVentures! Summer Day Camp 2018 Release Form

Information & Release Form

CHILD'S NAME _____ **AGE** _____
PHONE Home: _____ Day: _____
PARENT / GUARDIAN'S NAME(S): _____
ADDRESS: _____

EMERGENCY CONTACTS (other than parent/guardian):

Name	Relationship	Telephone

USUAL WAY OF GETTING TO STUDIO:

With:

Name	Relationship	Phone

Name	Relationship	Phone

Alone: Walking Public Transportation

USUAL WAY OF GETTING HOME FROM STUDIO:

With:

Name	Relationship	Phone

Name	Relationship	Phone

Alone: Walking Public Transportation

OTHERS WHO MAY PICK UP YOUR CHILD (If different from Emergency Contacts):

Name	Relationship	Telephone

Please Note: If there is any change in the above, please send a note with your child in the morning. Wet Paint! Art Studio cannot assume responsibility for the transportation and supervision between home and studio, or before or after camp hours.

Authorization & Release Information - In case of emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child during his/her stay in camp. **I hereby give permission for my child to participate in all program activities and day trips as part of the Wet Paint! Art Studio day camp program.**

I give permission for my child's picture to be used by Wet Paint! Art Studio in future promotional material. (e.g. camp calendar, brochure, video, website, etc.) and for the Camp Program to distribute my home address and phone number to other camp families.

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent/guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used **only where absolutely necessary and only after every attempt has been made first to contact the parent/guardian.**

We find that doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents/guardians. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate attention. This authorization will be kept on file at Wet Paint! Art Studio and will accompany the camp leader during field trips.

By my signature, I hereby certify that all above information is approved and correct unless otherwise indicated.

Parent/Guardian Signature: _____

Date _____

Name _____

ArtVentures! Summer Day Camp 2018 Health Record

TO BE FILLED OUT BY PARENT/GUARDIAN

Camper's Last Name _____ First Name _____ Birth Date _____ Sex: M F

Home Address: _____ Phone: _____

Parent/Guardian(s)

Mother: _____ Day Phone: _____

Father: _____ Day Phone: _____

Physician's Name: _____ Phone: _____

If Parent/Guardian(s) are not available in an emergency, notify:

1. _____ Phone: _____

2. _____ Phone: _____

IMPORTANT: Please notify Camp if this child has been exposed to any communicable diseases three weeks prior to today's date. Please state type of exposure: _____

HEALTH HISTORY (Please check giving approximate dates):

	Allergies	Diseases
Ear Infections	Hay Fever	Chicken Pox
Rheumatic Fever	Ivy Poisoning, etc.	Measles
Convulsion	Insect Stings	German Measles
Diabetes	Penicillin	Mumps
Behavior	Other drugs	Asthma

Past Illnesses	Operations/Serious Injuries (dates)
Contagious Illnesses	Hospitalization (dates)
Is child prone to head lice?	Chronic or Recurring Illness

Other Conditions or Details of above: _____
Any specific activities to restricted?: _____

CURRENT CONDITIONS:

Medication(s) Taken: _____

Appliances Worn (glasses, etc.): _____

Conditions which modify activity (seizures, amnesia, heart conditions, etc.): _____

FAMILY INSURANCE:

Does family have medical insurance? Yes No

Insurance Company: _____ Policy # _____

Does family have Blue Cross? Yes No No Policy # _____

If no, other Hospitalization Policy: _____ Policy # _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give authority to Wet Paint! Art Studio to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship to Child: _____ Date: _____

CONSENT TO ADMINISTER TYLENOL & PRESCRIBED MEDICATION

I hereby give authority to Wet Paint! Art Studio to administer Tylenol in the proper dosage to my child if need be. I hereby give authority to camp staff to administer other medication as prescribed by a physician.

Signature: _____ Relationship to Child: _____ Date: _____