



# REGISTRATION FORM SUMMER CAMP 2019

For Ages: 8 - 17  
Program Schedule: Monday – Friday 9:00am until 3:00pm

**STUDENT INFORMATION** \_\_\_ Returning Student \_\_\_ New Student Application Date: \_\_\_\_\_

**Session Dates: June 10 – July 26, 2019**

**\*\*Camp is closed July 5<sup>th</sup>\*\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (optional) \_\_\_ African American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

## CAREGIVER/PARENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT

**SAME AS ABOVE**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will your child require extended day? 8am-9am \_\_\_\_\_ 3:00pm-5:30pm \_\_\_\_\_

Was your child promoted to the next grade level? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child walk to/from camp daily? Yes \_\_\_\_\_ No \_\_\_\_\_





**LIABILITY AND MEDICAL RELEASE**

In regards to the child above, I, the undersigned parent or legal guardian; do hereby release City Kids Art Factory, Incorporated (CKAF) the contracted staff, volunteers, and board members from any and all liability, cost or expenses associated with any injury sustained by any member of my family while participating in CKAF programs.

Furthermore, the undersigned agrees that in the event that medical attention is required due to accident or illness, CKAF shall be permitted to seek such medical services as it shall deem necessary and appropriate through Emergency Medical Attention, 911 and or local hospitals and the undersigned will be responsible for all expenses of such care. CKAF will not administer any medications without written instructions and parental signature.

Other information CKAF should be aware of (physical, emotional, psychological or behavioral, ex: allergies, etc.):

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**Drop Off and Pick Up**

The individual dropping off and picking up this participant for art camp must accompany them to the check-in desk in the CKAF Studio in room #107 at the Emmett Reed Community Center.

Who is authorized to pick up this student?

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**\*\*Under no circumstances will student leave the premises of CKAF with someone not authorized above. \*\***

**Media Release**

Photographs will be taken of participants during classroom time and field trips. CKAF will use these photographs for in house and community publications which could include newsletters, website, brochures, postcards and advertisements.

I **do accept** for my child to be photographed for CKAF use in publications: Initial: \_\_\_\_\_

**I have read and understand the Liability and Medical Release, Drop Off and Pick Up authorization and Media Release. I have provided information to CKAF contained on this wavier truthfully.**

Parent or Legal Guardian: \_\_\_\_\_  
(Print name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_