



Davie ArtCAMP 2009-2010

Registration Form

(PRINT CLEARLY. Fill out a separate form for each child.)

CHILD'S NAME: (First) _____ (Last) _____

CHILD'S AGE: _____ DOB: _____ Copy of Birth Certificate on file? YES. STAFF INITIALS: _____

YOUNG AT ART MEMBER: YES _____ NO _____ DATE OF EXPIRATION: _____ SAGE ID# _____

PARENT #1 NAME: Mr. / Mrs. / Ms. _____

PARENT #1: CELL # _____ WORK #: _____ HOME # _____

PARENT #2 NAME: Mr. / Mrs. / Ms. _____

PARENT #2: CELL # _____ WORK #: _____ HOME # _____

HOME ADDRESS: _____
Street Apt.# City State Zip

PARENT EMAIL: _____

EMERGENCY CONTACT NAME: Mr. / Mrs. / Ms. _____

EMERGENCY PHONE #: _____ RELATIONSHIP TO CAMPER: _____

Circle DATE and write payment information on space provided.

DAY CAMP (ages 4-13) **\$45 M/\$50 NM** 9am-5pm (EC= Extended Care is \$10 per day)

DATE	EC	FEE PD	OWE	DATE	EC	FEE PD	OWE	DATE	EC	FEE PD	OWE
Sep 28		\$	\$	Dec 28		\$	\$	Mar 29		\$	\$
Oct 23		\$	\$	Dec 29		\$	\$	Mar 30		\$	\$
Nov 11		\$	\$	Dec 30		\$	\$	Mar 31		\$	\$
Nov 27		\$	\$	Dec 31*		\$	\$	Apr 1		\$	\$
Dec 21		\$	\$	Jan 18		\$	\$	Apr 2		\$	\$
Dec 22		\$	\$	Jan 19		\$	\$	Apr 5		\$	\$
Dec 23		\$	\$	Feb 15		\$	\$	May 28		\$	\$
Dec 24*		\$	\$	Mar 26		\$	\$	May 31		\$	\$

EARLY RELEASE DAY CAMP (ages 4-13) **\$30 M/ \$35 NM** 12:30-5:00pm

DATE	FEE PD	DATE	FEE PD	DATE	FEE PD	DATE	FEE PD	DATE	FEE PD
Sep 24	\$	Oct 22	\$	Jan 15	\$	Mar 25	\$	Apr 22	\$

NIGHT AT THE MUSEUM (ages 5-13) **\$30 M/ \$35 NM** 6:00-11:00 pm ****Sleepover \$50M/ \$55 NM**

DATE	FEE PD	DATE	FEE PD	DATE	FEE PD	DATE	FEE PD	DATE	FEE PD
Sep 18 PM	\$	Nov 20 PM	\$	Jan 15 PM	\$	Mar 19 PM	\$	Jun 18 PM	\$
Sep 26 PM	\$	Dec 5 PM	\$	Feb 13 PM**	\$	Apr 16 PM	\$	Jul 16 PM	\$
Oct 16 PM**	\$	Dec 18 PM**	\$	Feb 19 PM	\$	May 21 PM	\$	Aug 20 PM	\$

CREDIT CARD #: _____ AMEX / DSCR / MC / VISA EXP
DATE: _____



Davie ArtCAMP 2009-2010

Agreement: **Museum Copy**

Write children's names beginning with oldest child.

Child #1 Name: _____

Child #2 Name: _____

Child #3 Name: _____

Please initial each space below.

_____ AGE REQUIREMENTS

Children must turn the minimum age requirement on or before the day in which they are registered. CHILDREN ARE GROUPED BY AGE. THE MUSEUM WILL NOT PROMISE PARING OF CAMPERS.

_____ PAYMENT

A 50% deposit is required; per child, per day; to reserve a space in camp. Balance is due the morning of camp. It is the parent's responsibility to contact Young At Art and pay the balance. Failure to pay balance on due date will result in your child losing their space. NO EXCEPTIONS. All deposits and payments are NON-REFUNDABLE including voluntary or mandatory withdrawal from camp. See transfer info below.

_____ TRANSFER

All Transfer requests must be submitted in writing before camp starts. Transfer approval requires a \$25.00 fee per child and will be made depending on space availability. Only one transfer request per family will be accepted. Submit transfer requests to front desk in person or by emailing frontdesk@youngatartmuseum.org.

_____ ABSENCE / CANCELLATION / NO SHOW

All deposits and payments are NON-REFUNDABLE. There are no make-ups.

_____ DROP OFF/PICK UP POLICY

Students dropped off before 8:45am and picked up after 5:00pm will be automatically charged for extended care at a rate of \$10.00 per day.

Extended care students picked up after 6:00pm will be automatically charged \$5.00 plus \$1.00 per minute.

_____ PHOTO RELEASE

I authorize Young At Art Children's Museum to take photographs of my child/children and their art work for marketing purposes. I give permission for these pictures to be used in the museum's printed materials, including advertisements, brochures, flyers and website.

_____ BEHAVIOR AGREEMENT

1st offense – Verbal warning

2nd offense – Teacher/child conference

3rd offense – Parent notification via phone, written notice or in person by the Camp Director.

4th offense – Parent meeting with Camp Director

5th offense – Possible suspension or expulsion from Young At Art's Summer Program

Any action committed by a child that could or does result in injury to themselves, other campers, volunteers or staff will result in immediate expulsion from Young At Art's Summer Program. No refunds are given if child is dismissed due to behavior issues!

Continued on reverse side

_____ MEDICAL EMERGENCY

In the event of an extreme medical emergency, Young At Art staff will contact emergency medical personnel and will then contact the child's parent or guardian. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Requests to alter this policy must be made in writing to the Director of the Art Institute. Emergency Medical personnel will not honor requests to bring children to specific hospitals, doctors or medical establishments.

_____ MEDICAL INFORMATION

List any specific illness or social, emotional or behavioral problems? _____

List any allergies that your child has (food, medicines, insects, etc.)? _____

Will your child be taking medication during camp hours? If yes, please list below.

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.

Campers Name: _____ Medication: _____ Time: _____

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_____ IMMUNIZATION

All children named on this agreement are fully immunized.

I - including my spouse, child/children/other members of my family, do hereby release and hold harmless Young At Art Children's Museum, its employees, volunteers, board members and related parties from all liability for lost and stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the museum and hereby consent to the camp rules, guidelines and agreement.

Name _____

Signature _____ Date _____



Davie ArtCAMP 2009-2010

Agreement: Parent Copy

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Name _____

Signature _____ Date _____