



REGISTRATION FORM SUMMER CAMP 2017

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

STUDENT INFORMATION ___ Returning Student ___ New Student Application Date: _____

Session Dates: June 12th – August 4th

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: _____

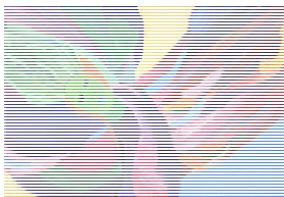
Primary Phone: _____ Relationship to Child: _____

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.):

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: _____

