



## Art, Hands, and Heart

2018 Summer Program

Registration

August 6<sup>th</sup> - 10<sup>th</sup>

9am - 3pm

### Child Information

<p>* <b>First Name:</b> _____</p> <p>* <b>Last Name:</b> _____</p> <p>* <b>Age:</b> _____</p>	<p>Please provide any information that will help us make camp an enjoyable and safe experience for your child in the spaces below. The Camp Director will contact you for additional information, if necessary.</p> <p><b>Special Needs:</b></p> <p><b>Dietary Restrictions:</b></p> <p><b>Allergies:</b></p> <p><b>Medications:</b> If your child will need to take medication while at camp, please describe below.</p>
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### Parent(s) / Guardian(s)

<p>* <b>First Name:</b> _____</p> <p>* <b>Last Name:</b> _____</p> <p>* <b>Phone:</b> (    ) _____ - _____</p> <p>* <b>Email Address:</b></p>	<p><b>First Name:</b> _____</p> <p><b>Last Name:</b> _____</p> <p><b>Phone:</b> (    ) _____ - _____</p> <p><b>Email Address:</b></p>
<p>* <b>Mailing Address:</b> _____</p> <p>* <b>City/Town:</b> _____</p> <p>* <b>State:</b> _____    * <b>Zip Code:</b> _____</p>	

\* Denotes required information



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### Emergency Contacts

Please provide names and phone numbers for two different emergency contacts **other than** the child's parent(s)/guardian(s).

* <b>First Name:</b> _____	* <b>First Name:</b> _____
* <b>Last Name:</b> _____	* <b>Last Name:</b> _____
* <b>Phone:</b> (    ) _____ - _____	* <b>Phone:</b> (    ) _____ - _____

### Authorized Pickup

Additional people authorized to pick up camper(s) (aside from parents/guardians or emergency contacts), if applicable:

<b>First Name:</b> _____	<b>First Name:</b> _____
<b>Last Name:</b> _____	<b>Last Name:</b> _____
<b>Phone:</b> (    ) _____ - _____	<b>Phone:</b> (    ) _____ - _____

### Photo Release

We will occasionally take photographs of camp programs for use in promotional materials, both in print and online. Children in our photographs are never identified by name. If you **DO NOT** wish for your child to be photographed, please check here: Opt-out

### Tuition

<b>Tuition</b> \$250 / child. Enclosed is my payment:	<b>Make An Additional Tax Deductible Gift</b>
Cash _____ Check: _____	Yes, I'd like to help other kids in need attend Art, Hands & Heart.
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Other _____
<b>Scholarships:</b> To ensure Art, Hands & Heart is accessible to all families, scholarships are available. If you'd like to be considered for a sliding scale scholarship, please indicate the amount of scholarship requested here: _____	

\* **Denotes required information**