



SUMMER ART CAMP 2019

Q USE: 2ND SESSION #
PAYMENT METHOD:

Camper's first and last name

Grade entering in Fall: _____ Age: _____

2nd Camper's first and last name

Grade entering in Fall: _____ Age: _____

Session(s) Attending – check sessions

- Session 1: June 3 - 7 Session 2: June 10 - 14 Session 3: June 17 - 21 Session 4: June 24 - 28
- Session 5: July 1 - 5 Session 6: July 8 - 12 Session 7: July 15 - 19 Session 8: July 22 - 26

Sessions(s) Attending - Clay camp - \$25 extra per day per child – check day(s) Ages 4-6 on Tuesdays, Ages 7-14 on Wed & Thurs
PAYMENT MUST BE RECEIVED BEFOREHAND IN ORDER TO RESERVE YOUR CHILD A SPACE IN POTTERY CAMP, YOU CAN REGISTER ONLINE AT QVAC.ORG

- Session 1** Tues. Wed. Thurs. **Session 2** Tues. Wed. Thurs. **Session 3** Tues. Wed. Thurs.
- Session 4** Tues. Wed. Thurs. **Session 5** Tues. Wed. Thurs. **Session 6** Tues. Wed. Thurs.
- Session 7** Tues. Wed. Thurs. **Session 8** Tues. Wed. Thurs.

Address:

Street: _____

City: _____ State _____ Zip _____ COUNTY: _____

EMAIL: _____ **PLEASE PRINT CLEARLY**

Shirt size: _____

Birthday ___/___/___ [] has birthday during camp

(Please specify **Child SM, M, L, XL OR Adult SM, M**)

(T-shirt only provided for child's first week of camp, sizes not guaranteed.)

Shirt size (2nd child) _____

Birthday ___/___/___ [] has birthday during camp

(Please specify **Child SM, M, L, XL OR Adult SM, M**)

(T-shirt only provided for child's first week of camp, sizes not guaranteed.)

Parent/Guardian Names:

Name

Name

Phone

Phone

MEDICAL RELEASE FORM

Emergency Contact Names & Daytime Phone Numbers - in case parent or guardian above cannot be contacted.

Emergency Name: _____ # _____ relation to child: _____

Emergency Name 2: _____ # _____ relation to child: _____

Child's Doctor: _____ #: _____

Special Medical Needs: (for staff information only) (If registering 2 children indicate special instructions by child)

List any medical or learning problems that would affect camp activities:

Allergies: _____

**** Action to be taken in the event of allergen exposure:** _____

**** Does your child require an EpiPen? (Y / N)** If YES, you need to send one with your child every day.

Medications/Other: _____

In the event that the parent, guardian or emergency contact is not available in a case of emergency, I hereby grant the Quinlan Visual Arts Center my permission to secure emergency medical treatment for my child.

Signature of Parent _____ Date _____

Parental Consent: I hereby give permission for my child/ren _____ to participate in Summer Art Camp at the Quinlan Visual Arts Center. I hereby release & hold harmless the Quinlan Visual Arts Center, its staff, its representatives and or/agents from all liabilities and any mishaps that may befall my child/ren including, but not limited to, the activities in the classroom and/or outside the center Summer Art Camp facility. _____ (Initial)

Transportation: I understand that we the family, are responsible for arranging all transportation for my child to and from the Quinlan Visual Arts Center camp sessions.

Alternate Pick-Up People:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

Media Release: I understand that staff photographers and/or television crews will at times be present to photograph or film the Quinlan Visual Arts Center classes, workshops, Summer Art Camp sessions and exhibitions. I hereby give my permission for resulting promotional photographs and television and/or television footage, which may include my child, to be used for promotional purposes on television, in newspapers, magazines, and press releases, on the arts center website or any other media deemed appropriate by the Board of Trustees of the Quinlan Visual Arts Center.

Classroom Policies and Payment Procedures (CPPP): By signing below I acknowledge that I have read the CPPP.

Signature of Parent or Legal Guardian _____ Date _____

*ART CAMP AT THE QUINLAN VISUAL ARTS CENTER IS CONSIDERED A CLASS AND THEREFORE ALL [CLASSROOM POLICIES AND PAYMENT PROCEDURES](#) APPLY. NO DEFERRED TUITION PAYMENT SYSTEM IS AVAILABLE, NOR MAY TUITION BE PRORATED. **CAMP IS NON-REFUNDABLE.** TRANSFERS MAY BE MADE, IF REQUEST IS MADE AT LEAST 5 BUSINESS DAYS BEFORE THE START OF CAMP SESSION, AND IF THERE IS SPACE AVAILABLE IN THE REQUESTED SESSION. A TRANSFER WILL INCUR AN ADMINISTRATIVE FEE OF \$15 PER SESSION. IF A TRANSFER IS REQUESTED, AND NO SPACE IS AVAILABLE NO REFUND WILL BE GIVEN. YOU MAY GIVE YOUR CHILD'S SPACE TO ANOTHER CHILD. THE REPLACEMENT CAMPER IS REQUIRED TO HAVE THE PARENTAL CONSENT & MEDICAL FORMS COMPLETED BEFORE THE START OF CAMP. INSTRUCTORS HAVE THE RIGHT TO REMOVE CONSISTENTLY DISRUPTIVE STUDENTS FROM CAMP WITHOUT REIMBURSEMENT. NO REFUNDS ARE ISSUED FOR PARTIAL WEEKS.