

**EARLY ARTS
ART CAMP
SUMMER 2009**

FEE _____

CK # _____

PLEASE PRINT

Child's Name _____
Child's Birthday _____ Age _____ Gender: M / F
Parent's Names _____
Address _____
Home Phone _____ City _____ Zip _____
EMAIL _____

Cost per Session: \$150

Hours: 9-1

For Rising 5K students only

Please Circle Sessions you wish to attend:

SESSION	1	June 15-18	3	July 13-16
	2	June 22-25	4	July 20-23

IMPORTANT CONTACT NUMBERS

Mother's Cell Phone _____ Father's Cell Phone _____
Mother's Work Phone _____ Father's Work Phone _____
Other Phone numbers _____
Child's Physician _____ Phone Number _____

EMERGENCY CONTACTS

Persons to contact if parents cannot be reached in event of illness or injury:

1. Name _____ Relation _____ Phone _____
2. Name _____ Relation _____ Phone _____

Authorization to Release Child

Early Arts Preschool personnel are authorized by my signature below to release my child,
_____ to the following persons:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Parent's Signature _____ Date _____

MEDICAL \ ALLERGIC CONDITIONS

Child's Medical \ Allergic Condition: _____

Child's Physical Reaction \ Response: _____

Treatment for Condition: _____

Medical Authorization

Early Arts Preschool personnel are authorized by my signature below to seek medical assistance/treatment if I am unable to be contacted in case of an emergency involving my child, _____ including transporting my child to Children's Hospital either by ambulance/emergency vehicle or personal vehicle.

Parent's Signature _____ Date _____



DON'T FORGET YOUR BLUE FORM