

**VALLEJO COMMUNITY ARTS FOUNDATION
SUMMER CAMP 2020**

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___

School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2020) _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

T-Shirt Size (Circle one) **Youth:** XS SM MED LG or **Adult:** SM MED LG XL

Please select your child's age group

_____ **Ages 7 – 8** _____ **Ages 9 – 10** _____ **Ages 11 – 12**

_____ **Ages 13 – 14 Creative Exploration and Advanced Art Experiences****

****Requirements for this group:**

Your child has already experienced a high level of interest in art and has participated in the successful completion of other levels of our camp, or other similar art experiences and classes. The instruction for this group will involve a higher level of focus and complexity in instruction, as well as creative interaction as an individual and as a group member. For acceptance in this level, each child must present a portfolio of 10 pieces of art work digitally along with a brief resume of the types of art experiences in which they have participated. A selection of 3 artists will determine acceptance to this level.

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Occupation _____

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

Camper Name: _____ Vallejo Community Arts Foundation Camp Registration Form Age: _____

Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
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_____ Yes/No
 _____ Yes/No
 _____ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
 Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
 Yes__ No__ If yes, explain: _____

Does your child require a special diet?
 Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Vallejo Community Arts Foundation will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION \$25.00 Deposit to accompany application

Please circle how you heard about the Vallejo Community Arts Camp.

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Vallejo Community Arts Foundation Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Vallejo Community Arts Foundation.

Camper Name: _____ **Vallejo Community Arts Foundation Camp Registration Form** Age: _____

Photo Release

Parent's/Guardian's Initials _____

I hereby give permission for the transportation of my child for official **Vallejo Community Arts Foundation Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Vallejo Community Arts Foundation and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate owing to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____