

Clayote "Whole Child" Summer Camp Program

Registration form 2011

Clayote Gallery and Studio | 1 E. Philadelphia Ave. Boyertown, PA 19512 | info@clayote.net

Please only one child per application.

Child Name: _____ D.O.B. _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian name: _____ Phone#: _____ Relationship: _____

Parent/Guardian name: _____ Phone#: _____ Relationship: _____

Parents e-mail address: _____

Emergency Contact #1: _____ Phone#: _____ Relationship: _____
name

Emergency Contact #2: _____ Phone#: _____ Relationship: _____
name

Authorized to Pick Up My Child: (if they will be picked up by someone not on the list please send a note)

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Parents please also list yourselves.

Please send your child with a bag lunch, a healthy snack will be provided.

Camp weeks:(place a check next to all that your child will be attending)

- | | |
|--|---|
| <input type="checkbox"/> June 13-17: Green Rules | <input type="checkbox"/> July 18-22: Wonders of the World |
| <input type="checkbox"/> June 20-24: AARRGHT | <input type="checkbox"/> July 25-29: Be Well |
| <input type="checkbox"/> June 27-July 1: Bear at the Farm | <input type="checkbox"/> August 1-5: Crazy Creative Critters |
| <input type="checkbox"/> July 4-8: Sun, Fish, Earth | <input type="checkbox"/> August 8-12: Culture Jam |
| <input type="checkbox"/> July 11-15: Decade Dance | <input type="checkbox"/> August 15-19: Wild Wild West |

Each week of Camp is \$300. A \$50 deposit per week of camp is required with the submission of registration and will be held as a partial payment for camp. Deposits are non-refundable.

Clayote Summer Camp runs from 9:00 am to 4:30 pm before and after care are available at \$7/hr per child

Please list the times in which you will be dropping your children off and picking them up.

Before Care: _____ After Care: _____

Payment Methods: (Cash, Check, or Credit Card) **Check #** _____ **Payable to Clayote Gallery and Studio**

Credit Card#: _____ (all credit cards accepted)

Cardholder Name: _____ **Exp. Date:** _____

Total Weeks Enrolling: _____ **Grand Total:** _____ **Deposit Amount Due:** _____

Signature: _____ **Date:** _____

You are also welcome to stop by Clayote to make a payment

- Children's Rules:**
- | | |
|---|--|
| 1. Ask for Help, wait your turn. | 5. Make your own art. Do not Advertise for others. |
| 2. Respect yourself, your work, others, and other's work. | 6. Be Patient! You'll get there! |
| 3. CAN'T goes in the "CAN" CAN | 7. Follow directions, first time asked. |
| 4. Work hard, do your best! | 8. Tools are tools. NOT weapons or toys. |

I have read the Clayote Studio rules, and I will abide by these rules. I understand that the Clayote staff have the right to remove any person from the class that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Name: _____ **Child Signature:** _____ **Date:** _____

Parent/Guardian Name: _____ **Parent/Guardian Signature** _____ **Date:** _____

Parent Statement of Understanding

I understand that I am not to leave my child at Clayote or program site unless a Clayote staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be on file with Clayote or other arrangements must be made by calling the appropriate Clayote staff to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates Clayote, to report any suspected cases of child abuse or neglected to the appropriate authorities for investigation.

Parent/Guardian Signature: _____ **Date:** _____

Photography Release

I authorize Clayote Gallery and Studio to obtain, store, and/or use (without compensation) any photographs, slides, and/or video recordings of my child for public relations, marketing, advertising and/or internal training purposes.

Parent/Guardian Signature: _____ **Date:** _____

Medical Information

Allergies/Medical Condition/Special Needs: _____

Physician: _____ **Phone#:** _____ **Medications:** _____

No member of Clayote is permitted to administer medication. Parent/Guardian must independently arrange and authorize dispensing and administration of any/all prescribed medications.

In the event of an emergency, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician at any hospital reasonably accessible.

Parent/Guardian Signature: _____ **Date:** _____

Liability Waiver (must be signed in order for child to participate in the program.)

I am the parent/legal guardian of _____ (“Child”). On behalf of me and Child, and our respective heirs, we acknowledge and assume any risk of injury and/or loss associated with Child’s participation in Clayote “Whole Child” Summer Camp. As a condition of Child’s participation, we assume any risk and forever waive and agree to hold Clayote Gallery and Studio, its employees, sub-contractors and agents harmless from any and all claims, liabilities, and/or damages arising out of Child’s participation in the program. I understand that Child will not be permitted to participate in the program without signing this agreement.

Parent/Guardian Signature: _____ **Date:** _____

I hereby give my consent for my child to take part in the course(s) listed above.

Parent/Guardian Signature: _____ **Date:** _____

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(484) 388-9915