

Camp ArtReach, One Week Wonder!

Explore Visual & Performing Arts

December 19-23, 2011

Registration Form

Please complete a separate registration form for EACH camp participant.

PARENT/GUARDIAN INFORMATION

Child lives with (check one or more): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other_____		
Parent/Guardian #1 FULL NAME: _____		
ADDRESS: _____		
CITY: _____	COUNTY: _____	STATE: _____ ZIP: _____
DAYTIME PHONE: _____		EVENING PHONE: _____
EMAIL: _____		
<u>Emergency Contact?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Authorized to pick up?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian #2 FULL NAME: _____		
ADDRESS: _____		
CITY: _____	COUNTY: _____	STATE: _____ ZIP: _____
DAYTIME PHONE: _____		EVENING PHONE: _____
EMAIL: _____		
<u>Emergency Contact?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Authorized to pick up?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAMPER INFORMATION:

FULL NAME: _____

DATE OF BIRTH: _____ AGE (5-12): _____ GENDER: _____

GRADE ENTERING IN FALL: _____ SCHOOL ATTENDING IN FALL: _____

PARTICIPANT ALLERGIES, MEDICAL CONDITIONS, OR SPECIAL NEEDS:
Please note: ArtReach does not administer or dispense medication of any kind. If your child requires medication, testing or medical monitoring, he/she must be able to administer it him/herself, or an adult caregiver must be on-site to do so. Please indicate any special needs, allergies (including food) or medical conditions below.

Allergies _____ Asthma _____ Medical Conditions _____

Dietary Needs _____ Learning Disabilities _____

Behavior Disorders _____ Other _____

List Current Medications: _____

IMMUNIZATION/HOSPITAL INFORMATION

Doctor's Name: _____ Phone: (____) _____

For use by ArtReach Staff:
Immunization Records Received? Yes No

ADULTS AUTHORIZED TO PICK-UP CHILD:

- Photo I.D. is REQUIRED every day in order to pick up a child.
- Please list all adults authorized to pick up your child from camp, spouse, grandparents, etc.

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

Emergency Contact #1 _____ #2 _____

Camp ArtReach

WINTER WORKSHOP DESCRIPTIONS

Campers ages 5-12, please join us on our exploration of visual and performing arts!
Each workshop encompasses two mini-workshops to give your camper a taste of the visual arts, performing arts, or both!

- ❖ Our morning workshop, **One Week Wonder: Explore Visual Arts!** 9 AM-12 PM, takes campers through some of the visual arts offered in our summer-long arts camp: Camp ArtReach, The Summer Adventure! In this workshop, campers will try their hand at drawing and craft cool creations with clay!
- ❖ Our afternoon workshop, **One Week Wonder: Explore Performing Arts!** 1 PM-4 PM, takes campers through some of the performing arts offered in our summer-long arts camp: Camp ArtReach, The Summer Adventure! In this workshop, campers will be introduced to the world of Magic and learn some new skills in Hip-Hop Dance!

Workshop/Care Schedule & Pricing (December 19-23):

- **AM visual arts workshop, 9AM-12PM:** **\$100.00** (\$20.00/day)
- **PM performing arts workshop, 1PM-4PM:** **\$100.00** (\$20.00/day)
- **Supervised before care, 7:30AM-9AM:** **\$20.00** (\$4.00/day)
- **Supervised lunch care, 12PM-1PM:** **\$20.00** (\$4.00/day)
- **Supervised after care, 4PM- 5:30PM:** **\$20.00** (\$4.00/day)

Like the One Week Wonder? Check out the week-long versions in: **Camp ArtReach, the Summer Adventure 2012!**

Additional Information can be found on our website: www.ArtReachDenver.org

Fall Camp Selections, November 10-11, 2011

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|-------------------------------------|--------------------------------------|-----------------------------|
| AM Visual Arts Workshop: | <input type="checkbox"/> Yes (\$100) | <input type="checkbox"/> No |
| PM Performing Arts Workshop: | <input type="checkbox"/> Yes (\$100) | <input type="checkbox"/> No |
| Before Camp Care | <input type="checkbox"/> Yes (\$20) | <input type="checkbox"/> No |
| Lunch | <input type="checkbox"/> Yes (\$20) | <input type="checkbox"/> No |
| After Camp Care | <input type="checkbox"/> Yes (\$20) | <input type="checkbox"/> No |

TOTAL Amount for Camper: \$ _____

CHECK OUT (Make checks or money orders payable to: **ArtReach/Fall**)

Method of Payment: Cash _____ Check _____ Visa _____ MC _____ AMX _____ Discover _____

Credit Card # _____ Expiration Date: _____ Code on back: _____

Phone # Associated with Card: (_____) _____

Camp ArtReach Policies (Signature Required):

Please read and sign attached policies & procedures packet; by signing said document you agree to all camp related policies & procedures as set forth by ArtReach.

Registration is NOT complete and a space is NOT reserved until ArtReach has received:

- Registration Packet (for each camper)
- Complete Payment
- Copy of Camper's Immunization Records

PLEASE NOTE: AFTER REGISTRATION IS CONFIRMED, ARTREACH ADHERES TO A NO-REFUND, NO-CREDIT, NO-SUBSTITUTION POLICY. IF YOU ARE UNABLE TO ATTEND, PLEASE CONSIDER YOUR PAYMENT A TAX DEDUCTIBLE DONATION.

Release: We/I voluntarily release ArtReach, Inc. and its agents, volunteers and employees (the "Released parties") from all liability for any injury and/or illness, or otherwise, while participating in these activities/classes, including, without limitation, injuries or illnesses resulting from contact with other persons. We/I further agree to indemnify, save and hold harmless the Released Parties from any and all losses, damages and liabilities for indemnities, contribution or otherwise with respect to any and all property damage, personal injury and/or death incurred in connection with our/my participation in the above described activities/classes, as might be asserted by a third party (defined as any part other than the Released Parties or us/me). We/I assume full responsibility for these risks.

Parent/Guardian Signature

Date

TELL US HOW YOU DISCOVERED CAMP ARTREACH—THE SUMMER ADVENTURE: _____

MAIL PAYMENT AND FORM TO:

ArtReach Inc.
3400 West 38th Avenue
Denver, CO 80211

E-mail: sarahjensen@artreachdenver.org
Fax to: (303) 433-4312 **Attn:** Camp ArtReach

CAMP ARTREACH LOCATION:

The First Universalist Church of Denver
4101 E Hampden Ave.
Denver, CO 80222