



REGISTRATION — SUMMER CAMP 2024

We are so excited for the 2024 summer season! Thank you for signing up to our art camp. It is important to email in your registration form and your child's medical form prior to the start of camp. However, if you sign up late, you can bring in a copy on the first day of camp. **YOU WILL NOT BE ABLE TO DROP OFF YOUR CHILD WITHOUT IT.**

The medical form that we are required to have on file is the same one you have with your child's school. If for some reason you are unable to get a copy, please fill out ours. You do not need to bring both.

We are an art camp and your child will get messy! Please dress for a mess! We do offer aprons for sale at a discount to all campers.

Half day campers will need a snack and drink. Full day campers will need 2 snacks and a lunch.

Because of campers ages and abilities, we work hard to make sure their experience is wonderful. If the project is too complicated for their age, we always have backups available within the same subject. It is our goal to make the summer a joyful one, and for art to remain a positive experience in your child's life. We all need art now more than ever and nothing means more to us than helping them to see the world through creative eyes.

If you have any further questions, please reach out.

Love, Hugs & Giggles

Hannah Perry (Founder) & The Giggling Pig Family



REGISTRATION: SUMMER CAMP 2024

HALF DAY: \$205 | FULL DAY \$305 | Week

UNLESS STATED OTHERWISE

(9:00 AM to 12 PM / 1:00 PM to 4PM) HALF

(9:00 AM to 3:00 PM) FULL

<input type="checkbox"/>	JUNE 10-14	BONUS WEEK	<input type="checkbox"/>	HALF DAY (AM)			\$	
<input type="checkbox"/>	JUNE 17-21	MOVIE MADNESS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JUNE 24-28	PIRATES & PRINCESS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JULY 1,2,3,5	ARTS & CRAFT USA	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JULY 8-12	MAD HATTER'S TEA PARTY	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JULY 15-19	PASSPORT MUSEUM TOUR	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JULY 22-26	FLOPPY EARS & FLUFFY TAILS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	JULY 29-2	MERMAIDS & MONSTERS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	AUG 5-9	CHILDREN'S BOOK ILLUSTRATION	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	AUG 12-16	WATERPARKS & BEACHES	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	AUG 19-23	SLIME & CERAMICS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$
<input type="checkbox"/>	AUG 26-30	NATURE CREATIONS	<input type="checkbox"/>	HALF DAY (AM)	<input type="checkbox"/>	HALF DAY (PM)	<input type="checkbox"/>	FULL DAY \$

child's name: _____ DOB: _____ age: _____

address: _____ city: _____ state: _____ zip: _____

parent/guardian name: _____ contact pref: home cell

home tel: _____ cell: _____ email: _____

address (if different): _____ city: _____ zip: _____

emergency contact/relationship: _____ tel: _____

Discounts for summer camp & full week camps only.

1st Child Discount: Attend 3 or more weeks, receive 10% off 3rd & additional weeks.

2nd Child Discount: Receive 10% off total for 2nd child. Must be minimum of 5 days.

Sibling discount is given to child with equal or fewest days. Total discount cannot exceed 10% and cannot combine offers.

TO BE COMPLETED BY STAFF ONLY

Notes: _____

Sibling

SUB-TOTAL \$ _____

Attending
3+ weeks

10% DISCOUNT \$ _____

TOTAL \$ _____



REGISTRATION — SUMMER CAMP

Please complete the following forms and return to The Giggling Pig Art Studio. **A physical exam, including immunization records, must be provided BEFORE the First Day of Camp.**

Student Medical Information

Allergies: No Yes If yes, please explain: _____

Please list any pertinent medical problems that would affect your child's participation at camp: _____

Please list anything that we should know about your child: _____

General Policies and Procedures

_____ 1. Initial that you acknowledge if your child is absent from a class and you do not inform us via email or phone The Giggling Pig Art Studio prior to the start of class, you will forfeit your session.

_____ 2. Initial that you acknowledge we are a "nut free" facility.

_____ 3. Initial to give us permission to post photos to The Giggling Pig's Facebook page. (Names will NOT be used!)

Authorization for Pick-Up The following people are authorized to pick-up my child:

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Discipline/Behavior Policy for Campers

Inappropriate behavior shall be defined as, but not limited to: disruptive behavior, fighting, bullying, disobedience, or insubordination, actions which jeopardize the safety of staff and/or campers during supervised activities. Upon the 1st offense, the "unruly" camper shall be verbally warned. Upon the 2nd offense, the "unruly" camper shall be asked to sit out from that day's activities, the parent shall be called. Upon the 3rd offense, the "unruly" camper shall receive a 1 day suspension from camp. Any further unruliness may result in expulsion from camp and forfeiture of par/all camp fees.

THERE ARE NO REFUNDS FOR SUMMER CAMP.

Signature of Parent/Guardian: _____ Date: _____



YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPER & STAFF

Physical exams are valid for 3 years from date of last examination. Please return the completed form to The Giggling Pig Art Studio. **A physical exam, including immunization records, must be provided BEFORE the First Day of Camp.**

This form is for:

CAMPER

STAFF

name: _____ DOB: _____ age: _____

address: _____ city: _____ zip: _____

parent/guardian name (if applicable): _____ contact pref: home cell

home tel: _____ cell: _____ email: _____

emergency contact/relationship: _____ tel: _____

TO BE COMPLETED BY MEDICAL PRACTITIONER

Date of Exam: _____

_____ May participate in camp activities _____ May participate except for: _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? NO YES:

Please list medication(s): _____

Does this individual have allergies? NO YES, please list: _____

Is this individual on a special diet? NO YES, please explain: _____

Does this individual have special needs? NO YES, please explain: _____

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

- | | | | |
|--|--|---|---|
| Measles <input type="checkbox"/> YES <input type="checkbox"/> NO | Chickenpox <input type="checkbox"/> YES <input type="checkbox"/> NO | Diphtheria <input type="checkbox"/> YES <input type="checkbox"/> NO | Pneumococcal <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Mumps <input type="checkbox"/> YES <input type="checkbox"/> NO | Tetanus <input type="checkbox"/> YES <input type="checkbox"/> NO | Pertussis <input type="checkbox"/> YES <input type="checkbox"/> NO | Conjugate |
| Rubella <input type="checkbox"/> YES <input type="checkbox"/> NO | Hepatitis B <input type="checkbox"/> YES <input type="checkbox"/> NO | Polio <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Comments: _____

Medical Care Provider Information (Please Print)

Name: _____ Tel: _____

Signature of Physician, P.A., APRN or RN

Address: _____

City: _____ Zip Code: _____

Date Form Signed