



REGISTRATION — SUMMER CAMP 2019

Full Day Camp
9 AM – 3 PM
\$245 per week, \$55 per full day

Half Day Camp
9 AM – 12 PM or 1 PM – 4 PM
\$145 per week, \$35 per half day

Teen Drop-In
10 AM – 12 PM or 1 PM – 3 PM
\$25 per half day

Extended Day: \$10 per hour (8:00 AM until 5:00 PM)

Select location: **BETHEL** **SHELTON**

<input type="checkbox"/> WEEK 1	JUN 10 - 14	A LITTLE OF EVERYTHING	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 2	JUN 17 - 21	A LITTLE OF EVERYTHING	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 3	JUN 24 - 28	BEACHES	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 4	JUL 1 - 5*	AMERICA THE GREAT	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 5	JUL 8 - 12	UNICORN & PEGASUS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 6	JUL 15 - 19	FAMOUS ARTISTS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 7	JUL 22 - 26	PRINCE & PRINCESS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 8	JUL 29 - AUG 2	SWEET TREATS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 9	AUG 5 - 9	RAINFOREST ADVENTURES	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 10	AUG 12 - 16	AUTHORS & ILLUSTRATORS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 11	AUG 19 - 23	CLUB CANVAS	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____
<input type="checkbox"/> WEEK 12	AUG 26 - 30	MY FAVORITES	<input type="checkbox"/> full day	<input type="checkbox"/> half day (9-12)	<input type="checkbox"/> half day (1-4)	<input type="checkbox"/> teen (10-12)	<input type="checkbox"/> teen (1-3)	\$ _____

extended day number of hours: _____ \$ _____

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

address: _____ city: _____ 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
 Attending
3+ weeks

SUB-TOTAL \$ _____
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 YES NO Chickenpox YES NO Diphtheria YES NO Pneumococcal YES NO

Mumps YES NO Tetanus YES NO Pertussis YES NO Conjugate

Rubella YES NO Hepatitis B YES NO Polio YES 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