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REGISTRATION: SUMMER CAMP 2020

Full Day Camp: \$275/week (9 AM to 3 PM)

Half Day Camp: \$175/week (9 AM to 12 PM / 1 PM to 4PM)

Extended Day: \$10 per hour (8:00 AM until 4:00 PM)

Select location:

BETHEL

SHELTON

> **Note: This form can be filled out directly in the PDF**

JUNE 15 - JUNE 19	A LITTLE OF EVERYTHING	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JUNE 22 - JUNE 26	CRAFTY CREATIONS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JUNE 29 - JULY 3	WHIMSICAL WORLD	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 6 - JULY 10	FOREST FRIENDS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 13 - JULY 17	OCEANS OVER & UNDER	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 20 - JULY 24	AUTHORS & ILLUSTRATORS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 27 - JULY 31	UNICORNS & PEGASUS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 3 - AUG 7	FAMOUS FACES & PLACES	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 10 - AUG 14	HUNGRY ANIMALS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 17 - AUG 21	SWEETS & TREATS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 24 - AUG 28	SCULPTURE CAMP	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$

EXTENDED DAY NUMBER OF HOURS: _____ \$

TOTAL: \$

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