



## REGISTRATION — SUMMER CAMP 2022

Dear Friend,

We are happy to announce our summer camp and classes have returned to our regular way of teaching. Masks will continue to be worn indoors, but not necessary outside, even without being vaccinated.

As a small business, we truly appreciate your support during the pandemic and are grateful that we can provide your families with another fun and safe summer camp! If you have any further questions or concerns, please feel free to give us a call.

All our love,  
The Giggling Pig Gang



## REGISTRATION: SUMMER CAMP 2022

Full Day Camp: \$65/single day \$285/week

(8:30 AM to 3 PM)

Half Day Camp: \$45/single day \$185/week

(8:30 AM to 12 PM / 12:30 PM to 4PM)

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

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

Select location:

**BETHEL**

**SHELTON**

JUNE 13 - JUNE 17	CERAMICS & WOOD	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JUNE 20 - JUNE 24	MOVIE MADNESS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JUNE 27 - JULY 1	FAMOUS ARTISTS AROUND THE WORLD	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 5 - JULY 8	MONSTERS & MERMAIDS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 11 - JULY 15	SWEET TREATS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 18 - JULY 22	SCULPTURES	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
JULY 25 - JULY 29	UNICORNS & MYSTICAL CREATURES	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 1 - AUG 5	AUTHORS & ILLUSTRATORS / SHIPWRECKS & PIRATES	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 8 - AUG 12	ANIMAL ILLUSTRATIONS	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 15 - AUG 19	BATH BOMBS AWAY	FULL DAY	HALF DAY (AM)	HALF DAY (PM)	\$
AUG 22 - AUG 26	INTO THE WILD	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

Attending  
3+ weeks

SUB-TOTAL \$ \_\_\_\_\_

10% DISCOUNT \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**



## REGISTRATION — SUMMER CAMP

Please complete the following forms and return to The Gigging 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 Gigging 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 Gigging 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 Gigging 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