



## Camp Registration Form

### Camper Information:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

(\*please note: children must be fully potty-trained in order to attend drop-off classes and camps)

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

\_\_\_\_\_ Evening phone: \_\_\_\_\_

\_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Camp Session Selections:

| Session Dates | Session Title | Extended Day: (please check if staying until 3:00) |
|---------------|---------------|--|
|               |               |  |
|               |               |  |
|               |               |  |

### T-shirt Size:

Please check one:

Youth X-Small

Youth Small

Youth Medium

Youth Large

Youth X-Large

### Emergency Contacts:

Name:

Relationship to Child:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pick-Up Authorization:**

I authorize the following people to pick up my child from class:

| Name: | Relationship to Child: | Phone Number: |
|-------|------------------------|---------------|
| _____ | _____                  | _____         |
| _____ | _____                  | _____         |
| _____ | _____                  | _____         |

**Medical & Emergency:**

In case of emergency, I understand that every effort will be made to contact the parents, guardians or alternate contact. In the event that I cannot be reached, I give permission to the physician selected by Art Sparks LLC to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. I understand I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release Art Sparks LLC and its employees from any responsibility for injuries or illness occurring as a result of, or coincidental to, my child's participation in this program.

|                     |       |
|---------------------|-------|
| _____               | _____ |
| Signature of Parent | Date  |

Please list any allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent information regarding the child's medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photographic Release:**

Art Sparks would like to take pictures of camp activities, and may wish to use some of these pictures in a printed piece or on our website for general publicity.

- \_\_\_ I give permission for my child to be photographed as described above.
- \_\_\_ Do not include child's name with photograph.
- \_\_\_ Do not use child's photograph on website.
- \_\_\_ I do not give permission for my child to be photographed.

**Payment:**

Check

Please make checks made payable to Art Sparks LLC and drop off or mail to: Art Sparks  
33 Railroad Place  
Hopewell, NJ 08525

Credit Card

Visa/MC/Amex/Discover accepted. Please call Art Sparks (609) 466-5437

**Tuition is due upon time of registration or spot is not held.**

**Camp tuition is non-refundable if cancellations within 10 weeks of camp start date.**

