

# Renaissance Summer Arts Camps

## 2018 SUMMER CAMP REGISTRATION

East End Arts School  
141 East Main Street, Riverhead, NY (631) 369-2171



Camper's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age as of 7/18 \_\_\_\_\_ M/F \_\_\_\_\_ Shirt size \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

\*If parents are divorced or do not cohabitate, please provide both parents' names and identify custodial parent or if custody is jointly held. **Due to New York State parental rights laws, legal proof of sole custody is required and must be submitted with registration form.**

Mother's Name: \_\_\_\_\_

Address (if different from Camper): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Best number to reach you **during camp hours**: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

**In the event of an emergency, if a parent can not be reached, indicate person to be contacted**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_

CAMP	FEES	TOTAL
<b>All Camps are 9:30AM-2:30PM and ages 9-14 years.</b>		
___ Fine Arts 1, July 9-13 (Drawing & Painting)	\$349 EEA member / \$399 nonmember	\$ _____
___ Fine Arts 2, July 30-August 3 (Sculpting)	\$349 EEA member / \$399 nonmember	\$ _____
___ Fine Arts 3, August 06-10 (Mixed Media)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 1, July 9-13 (Group Guitar)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 2, July 30- Aug. 3 (Rock That Band!)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 3, August 6-10 (Singing Camp))	\$349 EEA member / \$399 nonmember	\$ _____
___ Intro to Recording Studio, August 6-10 (for ages 13-17),	\$349 EEA member / \$399 nonmember	\$ _____
<b>Early Morning Care:</b> from 8:30AM .....	<b>\$15.00/day</b>	\$ _____
<b>After Camp Care:</b> until 5:00PM .....	<b>\$20.00/day</b>	\$ _____
<b>Note: Early Morning and After Care must be scheduled in advance.</b>		
<b>Please deduct any discounts/payments previously made.</b>		\$ _____
10% discount for additional children.		
<b>TOTAL DUE</b>		<b>\$ _____</b>

**To secure your child's place in camp, full payment must be received no later than 2 weeks prior to start of camp. \$100 cancellation fee deducted from all refunds prior to start of camp. Tuition non-refundable after start of camp.**

\_\_\_ **check or money order for \$** \_\_\_\_\_ **enclosed.** Make checks payable to **East End Arts**

**Please charge my** \_\_\_ VISA \_\_\_ M/C \_\_\_ Discover \_\_\_ AMEX **Amount \$** \_\_\_\_\_

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

print name of cardholder \_\_\_\_\_

signature of cardholder\_\_\_\_\_

**RENAISSANCE SUMMER ARTS CAMP SUMMER 2018**  
**East End Arts School**

**Camper Name**\_\_\_\_\_

**AUTHORIZATION FOR PICK-UP OF CHILD**

Campers are required to be signed out every day. Unless noted otherwise, both parents listed on registration form will automatically be included as authorized pick-up.

**\*Picture ID required for pick-up.**

**The following people are authorized to pick up my child.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_

Under no circumstances will a camper be released to any person(s) not listed above. Any additions or removals authorized pick-up persons must be made in writing, and signed and dated by parent prior to change being made.

**PARENTAL PERMISSION**

My child has permission to participate in all camp activities. Photographs, audio and/or video in which my child appears may be used in print and/or electronic publications or promotional materials without compensation. My child and I understand and agree to abide by all camp regulations. I agree my child can be released to all persons listed above.

Signature of Parent\_\_\_\_\_Date\_\_\_\_\_

**MUSIC CAMPERS**

Instrument(s) I play:\_\_\_\_\_ For how long?\_\_\_\_\_

**General Information:**

Campers must bring their own lunch and beverage in an insulated lunch container, preferably with a cold pack. A snack will be provided daily, however, if your child has health restrictions, please feel free to send an individual snack. Campers will be outside during breaks and lunch, weather permitting.

**Please** label all items brought to camp (extra clothing, lunch boxes, bags etc.). East End Arts is not responsible for personal articles and belongings.

East End Arts provides equal program and employment opportunities. In an effort to assist us in achieving our goal of inclusiveness, please take a few moments to provide the following optional information:

Camper Ethnicity: Hispanic\_\_\_\_ Non-Hispanic\_\_\_\_  
Camper Race (check one): White\_\_\_\_ Black\_\_\_\_ Asian\_\_\_\_ Other\_\_\_\_  
Alaskan/Native American\_\_\_\_ Hawaiian/Pacific Islander\_\_\_\_

**Please Note:**

- *In order for your child to attend camp payment must be received in full no later than two weeks prior to start of camp.*
- *All forms must be completed and turned in prior to the first day of camp.*
- *East End Arts reserves the right to refuse any camper who has not completed*

all camp forms or has not paid in full.

## RENAISSANCE SUMMER ARTS CAMP SUMMER 2018

### East End Arts School

141 East Main Street, Riverhead, NY 11901 (631) 369-2171

Camper Name \_\_\_\_\_

### SIGNIFICANT HEALTH HISTORY

In order for your child to attend camp, health form must be filled out & returned prior to the first day of camp.

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Family Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insured parent \_\_\_\_\_

Medication(s) currently being taken by your child \_\_\_\_\_

Conditions which might modify your child's activity \_\_\_\_\_

Allergies / diet restrictions \_\_\_\_\_

Poison ivy, oak, sumac, insect stings, other \_\_\_\_\_

Penicillin or other drug reactions \_\_\_\_\_

Serious accidents \_\_\_\_\_

Fainting \_\_\_\_\_

Tendency to excessive bleeding \_\_\_\_\_

Medical history includes:

Asthma \_\_\_\_\_ Rheumatic fever \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Abscessed ear \_\_\_\_\_

Measles \_\_\_\_\_ Operations \_\_\_\_\_ Convulsions \_\_\_\_\_

Mumps \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Diabetes \_\_\_\_\_ Other \_\_\_\_\_ Are immunizations up to date? \_\_\_\_\_

Parent's comments \_\_\_\_\_

Are there any unique medical, emotional or behavioral problems the camp staff should be aware of? Yes / No

Explain \_\_\_\_\_

According to New York State Law, Camp Staff is not permitted to administer medication to any camper without a physician's order. It is the policy of Renaissance Kid Camp to allow the parent to bring and administer medication to their child during the day as necessary.

### EMERGENCY AUTHORIZATION

The health history is correct so far as I know, and the person described has permission to engage in all camp activities except as noted. While every precaution will be taken to ensure the safety and good health of all children and the protection of children's property, I understand and hereby agree that East End Arts and the directors, and employees of East End Arts and Renaissance Summer Camps, are released from any and all liability in the event of an illness, accident or misfortune that may occur to the child or damage to the child's property while on East End Arts property.

I GIVE MY PERMISSION 1)FOR PERSONNEL, SELECTED BY THE CAMP DIRECTOR, TO SECURE PROPER MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY AND 2)FOR THE CAMP DIRECTOR / ADULT STAFF TO TREAT MINOR INJURIES OR ILLNESS AS DIRECTED BY ORDERS OF A LICENSED PHYSICIAN.

Signature of parent/guardian \_\_\_\_\_ date \_\_\_\_\_

