

# Renaissance Children's Camp 2019 SUMMER CAMP REGISTRATION

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



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

Birth date \_\_\_\_\_ Age as of 7/19 \_\_\_\_\_ 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: \_\_\_\_\_

RENAISSANCE KID, JULY 15-JULY 26, 2019, 9:30AM-3:00PM (AGES 5-8 YRS)	TOTAL FEES
_____ <b>FIRST CHILD</b>	<b>\$650</b> EEA MEMBER / <b>\$750</b> NON MEMBER
_____ <b>ADDITIONAL CHILDREN 10% DISCOUNT</b>	<b>\$585</b> EEA MEMBER / <b>\$675</b> NON MEMBER
	\$ _____

**Early Morning Care:** from 8:30 **\$15.00/day** \$ \_\_\_\_\_

**After Camp Care:** until 5:00PM **\$25.00/day** \$ \_\_\_\_\_

**Note:** Early Morning & After Care must be *scheduled in advance.*

**Please deduct any discounts/payments previously made.** -

\$ \_\_\_\_\_

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

**Camps need to be paid in full. No refunds are given once camp has begun. See refund policy on website.**

\_\_\_\_\_ **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 CHILDREN'S CAMP SUMMER 2019**  
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**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\_\_\_\_\_

**Please Note:**

- *In order for your child to attend camp payment in full must be received no later than July 1.*
- *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.*

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**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 \_\_\_\_\_

## **RENAISSANCE CHILDREN'S CAMP 2019**

### **East End Arts School**

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

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

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 \_\_\_\_\_

### **Transportation**

There is no bus transportation provided by East End Arts; transportation to and from camp is the responsibility of the parent. A carpool list is maintained for your convenience. It is the responsibility of the parent to make car pool arrangements. If you are interested in being a part of the car pool list please complete address information below. Carpool contact lists will be mailed one week prior to camp if there is sufficient interest.

### **CARPOOL LIST**

Contact person \_\_\_\_\_

Street address \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

### **Lunch**

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.

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

### **Camp Schedule and Activities**

Every day will start and end with circle time. Then campers will break into groups to attend music, visual art and theatre classes. All campers will attend a class of each every day. Campers will be outside during breaks and lunch, weather permitting.

Your child will receive a letter from the camp staff, one to two weeks prior to the beginning of camp.

