

Renaissance Summer Arts Camps

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: _____

CAMP	FEES	TOTAL
All Camps are 9:30AM-2:30PM and ages 9-14 years.		
___ Fine Arts I, July 8-12 (Drawing & Painting)	\$349 EEA member / \$399 nonmember	\$ _____
___ Fine Arts 2, July 29-August 2 (Sculpting)	\$349 EEA member / \$399 nonmember	\$ _____
___ Fine Arts 3, August 5-9 (Mixed Media)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 1, July 8-12 (Group Guitar)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 2, July 29- Aug. 2 (Rock That Band!)	\$349 EEA member / \$399 nonmember	\$ _____
___ Music Camp 3, August 5-9 (Singing Camp)	\$349 EEA member / \$399 nonmember	\$ _____
Early Morning Care: from 8:30AM	\$15.00/day	\$ _____
After Camp Care: until 5:00PM	\$25.00/day	\$ _____
Note: Early Morning and After Care must be scheduled in advance.		
Please deduct any discounts/payments previously made.		\$ _____
10% discount for additional children.		
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 SUMMER ARTS CAMP SUMMER 2019
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.*

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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 _____