

Art Camp 2017

Christmas in July
July 10-14, 2017 in Room 212

1st-3rd Grade Completed – 10am – 12n
4th-6th Grade Completed – 1pm – 3pm

Child's Name: _____

Date of Birth: _____ Current Age: _____ Grade Completed: _____

Address: _____

Parent's/Guardian's Name: _____ Cell Phone #: _____

Email address: _____

Emergency Contact Information: _____

Allergies: _____

Other helpful information (illnesses, meds, special needs): _____

Medical Doctor: _____ Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy #: _____

I hereby give permission for my child to participate in all activities that are a regular part of the Haymount UMC Art Camp program. I also hereby agree that Haymount UMC may authorize the physician of its choice to provide emergency care for my child in the event that neither our family physician nor I can be contacted immediately.

Parent/Legal Guardian Signature: _____

I understand that my child will be photographed and those photographs may be used for church publications.

Cost: \$25/child; Second child \$15 Check of \$_____ is attached.