

The Dalles Art Center Summer Art Camps 2021 Camper Registration

CAMPER INFO

First _____ Last _____

School Name _____ Grade in Fall 2021 _____ Birth date ____/____/____ Age _____

Home Address _____ City _____ Zip code _____

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1

First _____ Last _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____

Parent/Guardian #2

First _____ Last _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____

REGISTRATION

SUMMER CAMPS Monday-Friday

9am-5pm

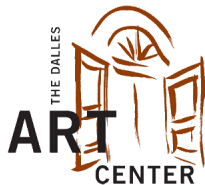
Session 1	July 12– 16	@ \$300 = \$ _____
Session 2	July 19 – 23	@ \$300 = \$ _____
Session 3	July 26 – 30	@ \$300 = \$ _____
Session 4	August 2 – 6	@ \$300 = \$ _____
Session 4	August 9 – 13	@ \$300 = \$ _____

Total = \$ _____

(Full payment is due at time of registration, unless applying for scholarship assistance)

CHECK #

MASTERCARD/VISA



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EXPIRATION DATE

CVV#

NAME ON CARD

For Office Use:

Date Payment Taken _____ Staff _____ Scholarship _____

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

(We will always call Parent or Guardian (s) first. Please list alternative emergency contact)

First Name _____ Last Name _____ Home Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list people who are permitted to pick up your child (they will need photo I.D. for pick up):

1: _____ 2: _____ 3: _____

MEDICAL RELEASE INFORMATION

Does your camper have any medical conditions, allergies, or special needs the staff should know about? Medications?

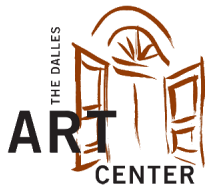
Does your camper have any behavioral or emotional issues the staff should know about? (Feel free to attach any additional information or write on the back of this form)

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor or ambulance and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

PHOTO RELEASE

I hereby give permission for my child to be photographed during the Summer Art Camp Sessions. I understand the photos may be used as demonstration of camp activities on the website and social media. I understand that although my child's photograph may be used for marketing and events, their identity will not be disclosed.



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- ☐ Yes, I give permission
- ☐ No, I do not give permission

Is there anything else you would like us to know about your child?

A Parent Handbook and Confirmation will be sent before the camp sessions with details regarding camp, activities, supply lists and snack/lunch information.

Thank you! We look forward to a great summer with your camper!