

2010 ART CAMP @ Rockville High School Registration

If registering more than 2 students, please make additional copies.

If you have registered and paid online complete and mail the medical form and contract only.

Responsible Parent/Guardian (check box)

| |
|---|
| Who is student(s) Custodial Parents: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Guardian1 <input type="checkbox"/> Parent/Guardian2 |
| Whom does student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Guardian1 <input type="checkbox"/> Parent/Guardian2 <input type="checkbox"/> Other |

If you answered "other", please specify the person's name and their relationship to Student _____

Parent/Guardian 1

| | | |
|-----------------|------------|------|
| First Name: | | |
| Last Name: | | |
| Address: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Telephone: | Mobile: | |
| Email: | | |
| Employer: | Telephone: | |

Parent/Guardian 2

| | | |
|-----------------|------------|------|
| First Name: | | |
| Last Name: | | |
| Address: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Telephone: | Mobile: | |
| Email: | | |
| Employer: | Telephone: | |

Student 1

| | | |
|-----------------|-------------------------------|--|
| First Name: | | |
| Last Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Telephone: | Birth Date: | Mo. Day Year |
| Current Age: | <input type="checkbox"/> Male | <input type="checkbox"/> Female Age as of August 1: |

Check if your child is to be grouped with friends. Names: _____

Student 2

| | | |
|-----------------|-------------------------------|--|
| First Name: | | |
| Last Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Telephone: | Birth Date: | Mo. Day Year |
| Current Age: | <input type="checkbox"/> Male | <input type="checkbox"/> Female Age as of August 1: |

Check if your child is to be grouped with friends. Names: _____

Mail Registration Form to:

House of Artistry 18921 Glendower Road Gaithersburg MD 20879
 301-519-1628 HouseofArtistry@aol.com www.HouseofArtistry.com

2010 Sessions

Multiply the session program fee X number of students = total

Discount: PAID IN FULL before March 1st \$550 - \$60 = \$490.

Session I: June 21 – July 2 (check boxes)

| | | | |
|---|------------|---------------------|--------|
| <input type="checkbox"/> Early Arrival: All ages (7:30 am) | Fee: \$75 | Number of Students: | Total: |
| <input type="checkbox"/> Young Artist Program: Age 5-6 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> All Media Program: Age 7-9 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> All Media Program: Age 10-12 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> Extended Day: All ages (4 – 5:30 pm) | Fee: \$130 | Number of Students: | Total: |

Session II: July 6 – July 16 (check boxes)

| | | | |
|---|------------|---------------------|--------|
| <input type="checkbox"/> Early Arrival: All ages (7:30 am) | Fee: \$75 | Number of Students: | Total: |
| <input type="checkbox"/> Young Artist Program: Age 5-6 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> All Media Program: Age 7-9 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> All Media Program: Age 10-12 | Fee: \$550 | Number of Students: | Total: |
| <input type="checkbox"/> Extended Day: All ages (4 - 5:30 pm) | Fee: \$130 | Number of Students: | Total: |

| | |
|-------------------------|--|
| Total Balance due May 1 | |
|-------------------------|--|

Payment (Please Print Clearly)

| | | | |
|--------------------------------|-----------------------|-------------|--------|
| <input type="checkbox"/> Check | Driver's License No.: | Expiration: | State: |
|--------------------------------|-----------------------|-------------|--------|

| | | |
|---|------|-------------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Master | No.: | Expiration: |
|---|------|-------------|

| |
|----------------------|
| Name on Credit Card: |
|----------------------|

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ART CAMP Terms and Conditions

Parental Consent:

1. **Parents must agree to all items. This form must be signed and submitted to the House of Artistry office before children can be enrolled in any session. Please keep a copy of this page and read it carefully to avoid any misunderstandings.**
2. I hereby give permission for my camper to participate in the Art Camp conducted by the House of Artistry.
3. I hereby give permission for my camper to participate in all Art Camp activities, conducted by the House of Artistry, and understand that accidents and injuries may occur in the natural participation in such activities.
4. I understand that every effort will be made to provide reasonable care by the House of Artistry staff.
5. I hereby give permission for emergency medical attention to be administered to my child by the House of Artistry staff.
6. When I can not be contacted, I hereby authorize to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well being of my child.
7. I hereby release RHS, the House of Artistry, its employees, agents, counselors and volunteers from any and all liability resulting from any loss, injury or illness to my camper and/or his/her property while attending the Art Camp.

Admissions:

1. Camp spaces are filled on a first-come, first-served basis. The House of Artistry reserves the right to close registration for programs that fill and to cancel camps that are under enrolled.
2. **Belongings:** Camper's FIRST AND LAST name should be written clearly on all clothing and belongings. Please do not send valuable items (such as electronic games, headsets, jewelry or cash) to camp.
3. **Dismissal of Camper:** House of Artistry reserves the right to dismiss, in its sole discretion, any camper whose behavior is deemed unsatisfactory or detrimental to the best interests of the Art Camp, themselves, the campers or staff, in which case no refunds will be made.
4. **Late Pick Up:** Full Day or Extended Day programs a late fee of \$1 per minute per camper will be due when the camper is picked up.
5. **Photos:** The House of Artistry has permission to use photographs of campers for all promotional purposes.
6. **Supervision:** Campers are placed in the care of the House of Artistry staff upon arrival. Campers arriving before 8:15 a.m. or remaining on campus after 4:00 p.m. will be enrolled in extended care.

Tuition Fees:

1. Before March 1st: \$490
2. After March 1st: \$550
3. If House of Artistry cancels a Session for any reason, parents may choose to transfer their camper to another session or accept a full refund.
4. **REFUND POLICY:** ART CAMP @ Rockville High School has a **NO REFUND** policy. Parents may transfer between sessions during one art camp calendar year.

I have read all of the above items, understand them and give my consent.

Parent's/Guardian's Signature

Date: _____

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ART CAMP CONFIDENTIAL PRESCRIPTION MEDICATION FORM

This form is to be completed by a physician, nurse practitioner or dentist ONLY if your child needs prescription medication administered at camp. Please use one sheet per medication.

| | | | | | | | | | |
|---------------|-----|--------|------|------|---|--|------------------|--|--|
| First Name: | | | | | Last: | | | | |
| Birth Date: | Mo. | Day | Year | Age: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Medication 1: | | | | | Reason for Medication: | | | | |
| Dose: | | Route: | | | Time: | | Effective Dates: | | |
| Medication 2: | | | | | Reason for Medication: | | | | |
| Dose: | | Route: | | | Time: | | Effective Dates: | | |
| Medication 3: | | | | | Reason for Medication: | | | | |
| Dose: | | Route: | | | Time: | | Effective Dates: | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Checking this box indicates that the medication is an epi-pen or inhaler that the camper can carry and self-administer. | | | | | | | | | |
| Possible adverse effects: | | | | | | | | | |
| | | | | | | | | | |
| Any drug interactions? | | | | | | | | | |
| | | | | | | | | | |
| Additional instructions: | | | | | | | | | |
| | | | | | | | | | |
| Allergies: | | | | | | | | | |
| | | | | | | | | | |

Physician Signature: _____ Date: _____

Printed name of Physician: _____

Physician's phone #: _____

I release RHS, the ART CAMP and its personnel of any liability related to the administration of the above listed medication. I give permission to the ART CAMP personnel to communicate directly with the prescribing physician.

PARENT'S/GUARDIAN'S SIGNATURE: _____ Date: _____

Medication is to be brought to the Camp Director by parents or guardians. Medication must be in the original container and clearly marked. Unclaimed medication will be destroyed at the end of camp.

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