

Your name is: _____
 My child's name is: _____
 Age: _____ Grade: _____ Birthday: _____
 Full HOME address: _____
 HOME Phone #: _____ CELL Phone # _____
 OTHER Phone #: _____ Email Address: _____

Week(s) of Camp: _____
 Times Session: 9am-12pm OR 1pm-4pm
 Dates Attending: _____

Below is a list of people, other than myself, who are allowed to pick up my child:

In the event that your child is injured or is feeling ill while enrolled in summer camp, we will call the parent(s) first. If we cannot contact the parents, the people you list below as your Emergency Contact(s) will be contacted.

Who is your Emergency Contact(s)? _____ Phone # _____

Does your child have any **ALLERGIES**? _____
 If your child has an allergic reaction, do they carry an EpiPen? _____
 Is there anything else we need to know about your child?

Please read and initial the items below, before signing this form.

- _____ I understand that payment is due upon initial registration and RSVP (i.e. date(s) listed on your registration form). Note: If you are enrolling your child for multiple weeks, payment is only required for the first week.
- _____ I understand I must have my child picked up promptly at camp end time.
- _____ I understand that the person picking up my child(ren) MUST show proper ID at pickup time. No exceptions.
- _____ I understand that I must notify a staff member if my child is being picked up by someone other than myself, or if they are carpooling with another family.
- _____ I understand that if my child's behavior is continuously disturbing other campers, endangering other campers or themselves, I, the parent, will be called for immediate pick up.
- _____ I agree that Creative Me Art Studio, LLC. may use photos and/or videos captured during the session(s) of art camp attended by your child(ren) in the routine promotion of its classes, activities and other non-commercial applications.
- _____ I understand Creative Me Art Studio's policy on cancellations (with advanced notice) will be in the form of a credit for future classes or events.
- _____ However, I understand that if I cancel my child's reservation within 72 hours of the date they were to attend, no credit will be provided.
- _____ If my child is a "No Show" on the day they were expected to attend, this will be treated the same as a cancellation with no credit provided.

Parent Signature: _____

Date: _____

