# Summer Art Camp
# 2018 Enrollment Form

Incomplete applications will not be processed

## CAMPER INFORMATION

Full Name: _____ Preferred name or nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Present Age: _____ School: _____ Male: ☐ Female: ☐

## PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ Guardian: ☐ Yes ☐ No

Mother's Home Phone: _____ Work Phone: _____ Cell: _____

Father's Full Name: _____ Guardian: ☐ Yes ☐ No

Father's Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Is camper living with both parents? _____ If not, whom? _____

Other than Parent(s)/Guardian(s) pleast list who you authorize to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

## EMERGENCY CONTACT INFORMATION

In the event of an emergency when a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

If you are unavailable, is this person authorized by you to give permission for treatment? ☐ Yes ☐ No

If neither parent/guardian, person named above, nor physician is available in case of an emergency, River Oaks Square Arts Center would exercise its judgment regarding medical treatment.

## MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Does your child have any allergies or any other physical or psychological considerations? ☐ Yes ☐ No

If so please list and specify: _____

*If your child must take medication during the course of a program session, please contact River Oaks at 318.473.2670*

**If your child has food allergies or dietary restrictions, please pack their lunch and/or snack on a daily basis.**

## RESTRICTIONS

- No Phones/Electronic Devices of any kind. If devices are brought on campus, River Oaks assumes no responsibility for loss or theft. These devices are strictly prohibited.
- Campers must be potty trained.
- Requirements for any special needs or campers with disabilities must be fully explained on the enrollment form. If your child requires one-on-one supervision, River Oaks cannot accommodate these special needs campers.
- Pick up begins at 4:30pm and ends at 5:30pm. After 5:30pm, a $5 convenience fee per 5 minutes will apply.
- A carpool line will form in the River Oaks Parking Lot. A Summer Camp employee will bring your child to the vehicle in the afternoon.
- NO EARLY PICKUPS as leaving early greatly impacts project completion.
- If your child has food allergies or dietary restrictions, please pack their lunch and/or snack on a daily basis.

PROGRAMS: Please check all program sessions for which you are applying.

| DATES | SESSION | PRE-Camp Care + Art Camp (7:30am - 5:00pm) | Art Camp Only |
|---|---|---|---|
| June 11-15 | Painting in Paradise | ○ | ○ |
| June 18-June 29 | Celestial Inspirations | ○ | ○ |
| July 9-20 | The Heart of Downtown | ○ | ○ |
| July 23-Aug 3 | Forest Aspirations | ○ | ○ |

In the event your preferred session(s) is full, please check the following option: ☐ Add me to the waiting list

| Art Camp | Pre-Camp + Art Camp |
|---|---|
| $250 per child per two-week session<br>$155 per child per one-week camp only | $430 per child per two-week session<br>$250 per child per one week camp + all day session |

**Mail this form to:** RIVER OAKS SQUARE ARTS CENTER - 1330 Second St., Alexandria, LA 71301
**or fax to:** 318-473-2671
**For Questions:** Call River Oaks @ 318-473-2670

**CANCELLATION AND REFUND POLICY**
There will be no refunds or cancellations after May 26, 2017. In the event River Oaks Square Arts Center must cancel a session, due to lack of participants, a full refund will be provided.

**PERMISSION**
I hereby grant permission for _____ to participate in all Summer Art Camp activities on River Oaks' campus. I understand that River Oaks or any of its personnel shall not be liable for any personal injuries or property damamge sustained/caused by the above named child. I release River Oaks, its trustees, agents, vendors and employees from any and all claims, demands, damages or right of action arising out of this Agreement or the use of River Oaks Square Arts Center contemplated hereby. I approve the application and all the information contained therein above. I also give permission to allow photographs of my child to be used in River Oaks publicity materials.

Signature of Parent/Guardian: _____ Date: _____