

**4 day Camps****MON - THURS, 1-4pm - \$180 per week, \$50 day**

- ☐ June 26-29 ..... off to the movies
- ☐ July 10-13 ..... eat dessert first
- ☐ July 24-27 ..... hawaiian luau
- ☐ August 7-10 ..... garden party

**1 day Workshops****1-4pm, \$50 day***the best of the best from this summer's projects!*

- ☐ Tues., August 15      ☐ Tues., August 22
- ☐ Wed., August 16      ☐ Wed., August 23

child's name

child's birthday

child's age

parent's name

address

city, state, zip

email

phone

payment date \_\_\_\_\_

- ☐ check # \_\_\_\_\_
- ☐ cash
- ☐ visa, mc, discover

**EIN# 27-2215076**

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*everyday artists studio* and its staff will not to be held responsible for accidents or injuries suffered directly or indirectly from the camp sessions.

Should an accident or injury occur, *everyday artists studio* staff will contact the Emergency Contact and 911 (only if deemed a true emergency). Emergency care will remain the guardian's responsibility.

Emergency Contact

Relation to Child

Phone #

Secondary Contact

Relation to Child

Phone #

Please list all allergies or ailments (ex: bee sting allergies, food allergies, diabetes, behavior issues that staff should be made aware of, etc.). Please also provide instructions on how to care for these items or situations should they arise.

allergies/medical concerns

Parent/Guardian Permission Release:

\_\_\_\_\_ (child's name) has my permission to participate in camp activities sanctioned by *everyday artists studio*. I release *everyday artists studio* and its staff from all claims of any injuries sustained by the above child while participating in any *everyday artists* sponsored program/activity. If medical attention is required for my child, I give permission for such care to be administered.

Guardian's Signature

Printed Name

Date \_\_\_\_\_

☐ *everyday artists studio* has permission to publish photographs of my child in marketing material and on social media such as facebook or instagram and on www.everydayartists.com.