



Youth Summer Art Series Registration Form

These forms are required for your child(ren) to attend our KIFA Youth Summer Art Series

Youth Artist *

First Name Last Name

Nickname

Date of Birth *

Month Day Year

Youth Summer Art Series

Week 1 AM: June 23 - 26 *Food & Drink
Week 2 AM: June 30 - July 3 *Night Sky
Week 3 AM: July 7 - 10 *Botanicals & Insects
Week 4 AM: July 14 - 17 *Maryland
Week 5 AM: July 21 - 24 *Earth & Recycling
Week 6 AM: July 28 - 31 *Literature/ Books
Week 7 AM: August 4 - 7 *Animals & Nature
Week 8 AM: August 11 - 14 *Plein Air KIFA House
Week 9 AM: August 18 - 21 *Kent Island, Farming & Seafood

Week 1 PM: June 23 - 26 *Food & Drink
Week 2 PM: June 30 - July 3 *Night Sky
Week 3 PM: July 7 - 10 *Botanicals & Insects
Week 4 PM: July 14 - 17 *Maryland
Week 5 PM: July 21 - 24 *Earth & Recycling
Week 6 PM: July 28 - 31 *Literature/ Books
Week 7 PM: August 4 - 7 *Animals & Nature
Week 8 PM: August 11 - 14 *Plein Air KIFA House
Week 9 PM: August 18 - 21 *Kent Island, Farming & Seafood

School Artist Attends *

Grade Entering 25/26 *

NOTE - Children need to have completed Kindergarten before they are eligible to participate in KIFAs Youth Summer Art Series.

Please provide any additional information that you think is important or may affect the camper's ability to fully participate in the camp program.

Parents' Information

Parent/Guardian 1 *

First Name Last Name

Relationship to Child *

E-mail *

example@example.com

Cell Phone *

Home Address *

Street Address

City State / Province

Postal / Zip Code

Parent/Guardian 1 Work Name

Or enter N/A if not applicable

Parent/Guardian 1 Work Phone

Parent/Guardian 1 Work Address

Street Address

City

State / Province

Postal / Zip Code

Where would you like to be reached while your child is attending the Summer Art Series? *

Cell Phone

Work Phone

Other

Parent/Guardian 2

First Name

Last Name

Relationship to Child

E-mail

example@example.com

Cell Phone

Home Address Same as Parent/Guardian 1?

Yes

Home Address

Street Address

City

State / Province

Postal / Zip Code

Parent/Guardian 2 Work Name

Or enter N/A if not applicable

Parent/Guardian 2 Work Phone

Where would parent/guardian 2 like to be reached while your child is attending the Youth Summer Art Series?

Cell Phone

Work Phone

Other

Emergency Contacts/Authorized Pickup

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. At least one person listed must be within one hour of Kent Island Federation of Arts, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Emergency Contact #1 *

First Name Last Name

Relationship to Child *

Address *

City State / Province

Phone Number *

Emergency Contact #2

First Name Last Name

Relationship to Child

Address

City State / Province

Phone Number

Medical / Health Information

Name of Physician or Clinic/Hospital

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Does your child have any food, medication or environmental allergies? *

Yes

No

Allergies? Check all that apply *

Food

Medication

Environmental

Please list and explain any allergies *

0/150

Does your child have a special health or medical condition? *

Yes

No

Please explain *

0/150

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation. *

0/200

List any additional information about your child that would be useful for staff to know, such as fears, eating habits, or special routines. This information should not be medical or health related, as that information should be included in the previous questions. *

0/200

Signature

Date Signed *

Month Day Year

Please send complete applications to arthousekifa@gmail.com or mail to:

Kent Island Federation of Arts
"The Pink House on Main"
405 Main Street
Stevensville, MD 21666

Payments can be made in person, over the phone (410-643-7424), paid online through the donate button or via mailed check.