

# CREATIVE ARTS REGISTRATION FORM – 2010 VISUAL ART SUMMER CAMPS

Appropriate payment must accompany this form in order to be processed. Pricing as recorded on form is subject to verification by the office. Thank you.

MAIL THIS FORM & PAYMENT TO: Creative Arts, 25 Woburn Street, Reading MA 01867

Student's Last Name \_\_\_\_\_ Parent 1: Full Name \_\_\_\_\_ Parent 2: Full Name \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent 1: Cell Phone \_\_\_\_\_ Parent 2: Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent 1: Place of Employment & Work # \_\_\_\_\_ Parent 2: Place of Employment & Work # \_\_\_\_\_ Student's School \_\_\_\_\_

Student's First Name	DOB	Camp/Workshop	Date(s)	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Confirmation:** No confirmation of registration given. Students only notified if camp, workshop or class is cancelled. We reserve the right to cancel camps, classes & workshops due to low enrollment.

**Camp Discounts:** \$5 off each full-week camp after the first camp registration.

**Creative Arts runs licensed summer camp programs. State & Town Regulations require All Registered Campers Submit:**

1. Physical Examination form w/TB info
2. Immunization Records w/TB info
3. Creative Arts Camper Information Form

Above forms must be received one week before the first day of camp.

**SIGNATURE / RELEASE FORM – REQUIRED!**

I have read and understand Creative Arts' 2009/2010 policies on the website and I agree with and understand those policies. I am responsible for full payment. I accept responsibility for all charges and fees that may be incurred. Check here \_\_\_\_\_ if you do **NOT** grant permission to allow the above mentioned student(s) to be photographed or recorded for promotional and/or program information purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

**Preferred:** Cash (Emp. Initials: \_\_\_\_\_) – or – Check # \_\_\_\_\_ (payable to Creative Arts)

Visa, Mastercard & American Express also accepted for a FEE:

**\*\*Credit Card FEES: \$5 if Total Due is <\$100; \$10 if Total Due is <\$500; \$20 if Total is >\$500**

Card # \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ Billing Zip Code \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_

**PAYMENT TALLY:**

Tuition Subtotal from Above \_\_\_\_\_

Less Multiple Camp Discount \_\_\_\_\_

**TUITION TOTAL** \_\_\_\_\_

Registration Fee **\$15** \_\_\_\_\_

Building Fund Donation\*? **\$15** \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

Credit Card Pymt Fee (\$5-20)\*\* \_\_\_\_\_

Payment Plan Fee (\$18)\*\*\* \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Please take a moment to complete the following:**

This optional information is requested for grant opportunities. Please check one. Thank you.

African Am.  Asian  Caucasian  Hispanic/Latino  Native Am.; or: \_\_\_\_\_

Would you like to volunteer?

Special Events  Board of Directors  Admin. Assistance  Grant Writing  Website

Newsletter Production  Parent Advisory Committee  Other: \_\_\_\_\_

\* The Building Fund has been instituted to create sustainability and ensure the physical aspects of the organization, including improved facilities. This tax-deductible donation is much needed to keep the arts and arts education alive in our community - **Thank you for your support!**

\*\*\* A payment plan form must be approved.

Office Use Only

Paid/Ver: \_\_\_\_\_ Tally/Attn: \_\_\_\_\_ MDB: \_\_\_\_\_ CCDB: \_\_\_\_\_ DATE STAMP: \_\_\_\_\_

PE: \_\_\_\_\_ IR: \_\_\_\_\_ CIF: \_\_\_\_\_

Inv/CMt \_\_\_\_\_ Chk: \_\_\_\_\_ Amt: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Creative Arts – Summer 2010  
Camp & Workshop Payment Options

1. **Pay in full.** The BEST deal for Creative Arts & for you!!
2. **Non-refundable Deposit.** A non-refundable deposit of 50% of total tuition plus the registration fee are due with the registration form. Tuition balance must be made by a June 4 post-dated check or by submitting credit card information (your credit card will not be charged IF we receive a check for the balance due BEFORE June 4). The deposit and registration fee is non-refundable.
3. **Payment Plan.** A non-refundable payment plan fee of \$18 plus the non-refundable \$15 registration fee are due with the 1<sup>st</sup> installment along with the registration form. Payment schedules of equal installments can be worked out with the office, but the remaining full balance must be made at least two weeks prior to the start of the first camp.

**Payment Methods.** Creative Arts accepts cash, check and credit cards. Any payment returned by the bank will be charged **\$35**. If using a credit card, processing fees will be added each time your credit card is charged. **Credit Card Fees** are based on the amount being charged at the time of the transaction: \$5 for amounts of \$100 or less, \$10 for amounts of \$500 or less, \$20 for amounts greater than \$500.

**Withdrawals.** Tuition is non-refundable unless a withdrawal request is made in writing to Executive Director Jennifer Hart and received by June 4. Financial commitments made based on option 2 or 3 above **ARE BINDING** unless a withdrawal request is made in writing to Executive Director Jennifer Hart and received by June 4. The registration fee is NOT refundable under these circumstances.

Creative Arts reserves the right to suspend classes or lessons for any student whose tuition payments are in arrears, unless other arrangements have been made with the office. Creative Arts reserves the right to cancel or reschedule classes for which there is low or insufficient enrollment. A full refund, including fees, will be returned under this scenario only.

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IF choosing option 2 or 3 above, **this form and your post-dated checks or credit card information is REQUIRED** with registration in order to secure your slot. By completing this form you agree to the above mentioned policies and statements.

I, \_\_\_\_\_, have read the above terms and agree to them. I also authorize Creative Arts for Kids, Inc. to make the following transactions:

Automatically deposit my checks or charge my credit card on the following date(s):

Amount: _____	Date: _____	Chk #: _____	Amount: _____	Date: _____	Chk #: _____
Amount: _____	Date: _____	Chk #: _____	Amount: _____	Date: _____	Chk #: _____
Amount: _____	Date: _____	Chk #: _____	Amount: _____	Date: _____	Chk #: _____

Credit Card: \_\_\_\_\_ zip code: \_\_\_\_\_ exp. date: \_\_\_ / \_\_\_ CVC: \_\_\_\_\_

NOTE: By providing Credit Card information you agree to the additional credit card fees that will be applied to each credit card transaction in addition to the amount listed above on each date.

Student(s) name (Please print): \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

CA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parents,

We are delighted your child(ren) will participate in our **2010 Visual Art Camps At Creative Arts!** Creative Arts runs licensed summer camp programs. State & town regulations require all registered campers to submit specific information each year. The following must be submitted to Creative Arts at least **ONE WEEK before the first day of camp**. Without these forms your child will NOT be able to attend camp and you will NOT receive a refund.

- 1) Art Camper Information Form
- 2) Current immunization records w/TB info
- 3) Copy of recent physical w/TB info from your doctor

**Everyday Procedures:**

- ✍ **Drop Off Time:** Morning/full day art camp: 8:15-8:30am; afternoon art camp: 12:45-1:00pm  
(Please do not drop off children before this time.)
- ✍ An adult must accompany their student(s) into the building every day.
- ✍ **Pick Up Time:** Morning art camp: 12:00-12:15pm; afternoon/all day art camp: 5:30-5:45pm
- ✍ Campers must be picked-up and signed out by an approved adult every day.
- ✍ The schedule allows for a morning snack and an afternoon snack. All day students will also have a lunch hour. Students must bring **their own snacks, lunch and plenty of liquids** to camp every day.  
**PLEASE NO peanut products.** (Creative Arts does not supply any of the above.)

**Camp Policies:**

- ✍ Early drop-off and/or late pick-up will result in a \$10 fee for the first ten minutes and \$1/minute for every minute thereafter.
- ✍ Parents must inform Instructors of any additional adult approved for pick-up. **If not listed on the Camper Information Form, parents must write & sign a note.**
- ✍ Creative Arts Staff will ask for photo ID from any individual with whom they are not familiar.
- ✍ For students requiring medication, parents must sign a medical log on the first day of camp.
- ✍ All medication must be in its **original** container with the student's name on it.
- ✍ Parents of students requiring special attention or with special needs should speak with the Lead Instructor prior to the first day of camp.

**Discipline Policy:**

Students are expected to follow all directions given by Instructors and are expected to participate in *all* activities. Students are expected to treat one another and Instructors with kindness and respect. Refunds are not given for students unable to participate in the workshop due to disciplinary reasons. **If a student is unable to comply with these policies, the following steps will be taken:**

- ✍ First occurrence: verbal warning
- ✍ Second occurrence: time-out away from other children and activities
- ✍ Third occurrence: call to parents/caregiver
- ✍ Fourth occurrence: removal from the program

**Art Show Information:**

Each Visual Art Camp holds an Art Show on Fridays for Morning & Afternoon Camps. Art Show times will be posted at the start of each week. Students need to attend regular camp hours on Fridays to prepare for the Art Show. Students work VERY hard throughout the week! We encourage you to invite other family members and friends to celebrate your camper's hard work. **Art Shows are free and open to the public.**

**Thank you again for encouraging your child(ren) to begin or continue their visual arts education at Creative Arts.** We look forward to an exciting, fun-filled week! For any questions or concerns please call 781.942.9600 or email [Victoria@CreativeArtsForAll.org](mailto:Victoria@CreativeArtsForAll.org). See you at the art show!

Thank you,  
Victoria Smith

Education & Outreach Coordinator

# Camper information form - 2010 summer visual art camp

**Location:** Creative Arts

## **Please complete both Pages**

*This form, along with medical forms, must be returned to the Creative Arts office  
ONE WEEK BEFORE THE FIRST DAY OF CAMP*

### **Please print /type**

Camp(s) Attending: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Phone Number to call **FIRST** \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1 Work phone: \_\_\_\_\_ Additional # \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 2 Work Phone: \_\_\_\_\_ Additional # \_\_\_\_\_

### **Please list any special or medical needs including allergies**

Current Medical Issues: \_\_\_\_\_

Allergy(s) / Severity of Allergy(s): \_\_\_\_\_

Medication taken prior to camp day: \_\_\_\_\_

**Will student take ANY medication during the camp day?** Yes \_\_\_ No \_\_\_

If yes, list the medication(s) and time of day.

\_\_\_\_\_

Any additional information that you feel staff should be aware of:

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### **Photo Release**

I grant permission to photograph and publish pictures of my son/daughter as he/she participates in camp.

Signature: \_\_\_\_\_

### **Pick-Up/ Drop-off Policy**

The following person(s) are authorized to pick up my child. Please have any pick-up person identify himself/herself to camp instructor and have a photo ID available.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Emergency Medical Release**

I hereby grant Creative Arts, its employees, and its designated agents permission to take whatever actions may be needed in a medical emergency. After attempting to contact the parent/caregiver, I authorize Creative Arts to secure medical treatment and services through a local EMT or at a local hospital, at my own expense, without further consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Please return this form to the**

**Creative Arts Office located at:**

25 Woburn St.

Reading, MA 01867

Phone: 781.942.9600

e-mail: [victoria@CreativeArtsForAll.org](mailto:victoria@CreativeArtsForAll.org)

Creative Arts runs licensed summer camp programs.

**State and Town Regulations require all registered campers to submit:**

\_\_\_ Physical Examination Form with TB information

\_\_\_ Up-to-date Immunization Records with TB information

\_\_\_ Completed Camper Information Form

**Please feel free to cut this bottom section off to use as a check list & reminder to submit the above forms. If they are current, the Physical Examination Form and the Immunization Records can be submitted with this completed Camper Information Form.**