

2018 Main Line Art Center Summer Camp for 4-12 Years – REQUIRED FORM IN ADVANCE

Complete the 5 sections on this 2-page form, save your pdf file, and email the pdf file to campforms@mainlineart.org

1. **CAMPER** First Name _____ Last Name _____ Boy Girl
 Date of Birth _____ Age _____ Grade in Fall 2018 _____

ATTENDING 2018 CAMP SESSION(S):	Full 9 am - 3:30 pm Half Morning - 9-11:45 am Half Afternoon - 1:45-3:30 pm	Before Care 8-9 am Lunch Care 11:45 am-12:45 pm After Care 3:30-6 pm
<input type="checkbox"/> A 6/11-6/15	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> B 6/18-6/22	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> C 6/25-29	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> D 7/2-3, 5-6	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> E 7/9-7/13	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> F 7/16-7/20	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> G 7/23-7/27	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> H 7/30-8/3	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> I 8/8-8/10	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> J 8/13-8/17	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care
<input type="checkbox"/> K 8/20-8/24	<input type="checkbox"/> Full <input type="checkbox"/> Half AM <input type="checkbox"/> Half PM	<input type="checkbox"/> Before Care <input type="checkbox"/> Lunch Care <input type="checkbox"/> After Care

2. EMERGENCY CONTACTS, PARENTAL /PRIMARY GUARDIAN CONTACT INFORMATION and CONSENT

Primary Guardian Name _____ Relationship to Camper _____

Cell# _____ Home# _____ Work# _____ Email _____

Home Address (street, city, state, zip) _____

Parent/Guardian Signature _____ Date _____

By typing your name in this electronic document, you are providing your signature and agree to the contents. I, a parent/guardian of the above named child, hereby give my approval for his/her participation in any and all Main Line Art Center activities. I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify, and agree to hold harmless Main Line Art Center and its agents and employees, from any and all liability and/or damages, whether the result of negligence or for any other cause. I have reviewed with my child(ren) the code of conduct points and we agree to abide by them.

OTHER PEOPLE WE MAY CONTACT IN CASE OF AN EMERGENCY

Name, Phone#, Relationship _____

Name, Phone#, Relationship _____

Pediatrician's Name, Address, Phone# _____

3. PICK-UP INFORMATION *Only those listed here are allowed to pick up your child.*

Pick-Up Tags for cars will be provided at check-in on the first day.

Parent / Primary Guardian will be picking up my child some/all days M T W Th F

Other Authorized Person(s) will be picking up my child for some/all days M T W Th F

Name, Phone#, Relationship _____

My child is part of a car pool for some/all days: M T W Th F

The other children in the car pool are

For each driver for the car pool, provide Name, Phone#, Relationship

4. CAMPER HEALTH INFORMATION

Do you wish to speak to the Camp Director about your child's health? yes no

Does your child have an IEP? yes no (If yes, please attach to email)

Does your child have special needs or any known learning differences or delays we should know about? yes no
(please provide additional information you think we should know)

Does your child have any medical conditions or allergies? yes no (If yes, please elaborate)

Does your child need an Epi-Pen for allergic reactions? yes no (if yes, Epi-Pens MUST be carried with the child at all times during camp, in a labeled bag. WRITTEN DIRECTIONS MUST BE PROVIDED BY YOU. Campers will self-medicate and MLAC staff will only monitor).

Does your child require any medication during camp/class hours? yes no (If yes, please elaborate)

Do you allow MLAC staff to clean and/or apply topical antibiotics on superficial cuts, scrapes, or wounds? yes no

Is there anything else we should know about your child or any special accommodations needed? yes no
(If yes, please elaborate)

Does your child require any support staff during the academic year? yes no (If yes, please elaborate)

PERSONAL CONDUCT AGREEMENT *Adult signature in section 2 is confirmation of parent/guardian AND camper compliance*

--Campers will treat all other campers, teachers and all counselors with respect. Hitting, punching, verbal and physical abuse, as well as foul or obscene language or gestures will not be tolerated and may result in expulsion from camp.

--Campers may not leave Camp at any time and must remain within the Camp boundaries, within designated areas during breaks.

--All roped off areas are off-limits to campers.

--Campers must wear closed toe shoes at all times.

--Campers must remain within the view of counselors at all times.

--Campers must obey the rules and directives of counselors, teachers and the camp director throughout the day.

--Campers must clean up their individual food and classroom areas upon completion of lunch or projects.

--Trash is to be deposited in trash cans throughout Camp and NEVER thrown on the ground. All campers must help clean up lunch trash before heading for activities, classes or dismissal.

--Campers may not chew gum or bring electronic/video equipment to Camp. Campers are discouraged from bringing valuables from home and Camp does not assume responsibility for valuables in the event that they are lost during the camp day.

--Camp art materials and facilities are to be used only in the way designated for class lessons and activities. Campers may be held financially liable for deliberate destruction or loss of Camp property.