



Registration Form Summer Camps

Please complete a separate form for each child

Camper's last name	Camper's first name	Date of birth	male/female
School	Grade in September	Age in Years	
Home street address	City	State	Zip code
Mother/Guardian's name	home #	work #	alt. #
Father/Guardian's name	home #	work #	alt.#
Emergency contact	home #	work #	alt#
Parent's email address	Where did you heard about us?		

Please select all summer camp weeks in which you wish to register your child

SUMMER CAMPS week-long camps that meet Monday-Friday (ages 4-15)

- | | | | | |
|--------------------------|--------|------------------|-------------|------------|
| <input type="checkbox"/> | Week 1 | People in Art | July 5-9 | 9:00-11:30 |
| <input type="checkbox"/> | Week 2 | Animals in Art | July 12-16 | 9:00-11:30 |
| <input type="checkbox"/> | Week 3 | Around the World | July 19-23 | 9:00-11:30 |
| <input type="checkbox"/> | Week 4 | Summer Fun | July 26-30 | 9:00-11:30 |
| <input type="checkbox"/> | Week 5 | Nature in Art | August 2-6 | 9:00-11:30 |
| <input type="checkbox"/> | Week 6 | Famous Artists | August 9-13 | 9:00-11:30 |

Each week-long camp is \$125.

If you are applying for a scholarship, please attach scholarship application with this form.

Total Amount Due: _____ Check payable to **ESCAPE to the Arts** Cash

Credit Card # _____ Exp. Date _____

Full name on credit card _____

Medical & Information Release Form

Does your child have any allergies, special health or food requirements? YES NO

If YES, please explain: _____

List and describe any illness or condition for which your child is now under treatment. In addition, list any disability and any medications your child is taking:

Please indicate who will pick up your child at the end of the camp program: _____

Permissions Release Form

I give permission for my child to ride the YMCA van if his/her class is taking a camp related field trip.

I waive the Regional YMCA of Western Connecticut, and any of their staff from liability for any injuries or illness, which may occur that are not the result of gross negligence on their part. I also waive the Regional YMCA of Western CT, and any of their staff for any injuries, which may occur in transporting the campers for the purpose of participation.

I give permission for my child to participate in all the ESCAPE to the Arts activities. I also give permission for photographs or video of my child and his/her artwork to be used for publicity purposes.

Permission is hereby granted for any emergency medical treatment, operation, anesthesia or inoculation that might be needed.

Signature of parent/guardian

Date

Please send completed registration form with payment.

Mail to: Summer Camps, ESCAPE to the Arts, 293 Main Street, Danbury, CT 06810

Fax to: (203) 207-5554 (if paying by credit card)

For additional information please call (203) 794-1413 or visit www.escapetothearts.org

