



Theo Art School Preschool Mini Art Camps 2019

Camper Confirmation Packet

These documents should be completed prior to the first day of camp

Registering for camp can be confusing! We understand. In an effort to make the process as organized and painless as possible, we offer you this checklist. Complete the checklist, follow the instructions, and the rest of your camp experience is pure fun!

_____ **What to bring to Day Camp.** This will help you organize that backpack! It details what and what not to bring to Day Camp.

_____ **The rules of Theo's Camp.** We ask that you read and discuss the rules of day camp with your child. Knowing what is expected of her/him, and how she/he will be protected and respected at camp makes the first day much more comfortable for everyone!

If you have any further questions after looking over these materials, feel free to contact Theo's executive director at: 701- 222-6452.

Like Always! Thank you for sharing your Child(ren) with us!

Liliana



Parent's Contract

I, _____, the parent/guardian of _____ have read and agreed to the following mandatory responsibilities on _____. (Date)

I will drop off my camper between **9:00 am**. If an emergency arises making late drop-off necessary, I will call the camp office at (701) 222-6452.

I will pick up my child at **11:30 am**. If an emergency arises making late pick-up necessary, I will call the camp office at (701) 222-6452.

I will provide a proper snack for my child daily. I will also provide a refillable water bottle to be used every day to maintain hydration.

I will ensure that my child is dressed appropriately and has all necessary gear for the program each day, this includes: Outwear. **EXTRA SET OF CLOTHING**

I will check my child's belongings each day before drop off and pick up from camp so no personal items are brought, lost or misplaced. Putting my child's name on every item I send to camp will help avoid this problem.

If I bring my child early or late to camp, I will follow the normal check in and check out procedure, making certain they are in the building or taken safely to their group before departure.

I will never leave my camper unattended in the parking lot or grounds, nor will I take them from the property early without notifying camp staff.

I also understand that in the event of an emergency, the emergency number listed on my child's registration will be called, I further understand that I will be responsible for covering any medical costs that arise from treatment or emergency transportation.

I am aware that cancellations will be accepted only by writing, email or personal delivery to the Theo's office. I understand that refunds will be issued in the form of a credit for future days or weeks of camp or class, subject to availability. I understand that Theo Art School Summer Camp operate rain or shine and will offer activities as weather allows. I understand that there will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.

I am aware that it is my responsibility to ensure that my camper comes prepared for the day.

I have read, understand and can follow these policies.

Signature of parent or legal guardian/ Date



PERMISSION TO ATTEND THE CAMP

MY CHILD _____ **HAS my** permission to attend **THEO ART SCHOOL ART CAMPS.**

Theo Art School has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in Theo Art School activities. _____ **[INITIAL]**

I understand that any photographs taken of my child participating in the Summer Camps or programs may be used for publicity. _____ **[INITIAL]**

MEDICAL STATEMENT

I am listing below those conditions my child has that could restrict my child's participation in outside activities related to Theo's Art Camps or Programs.

Insurance Information

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

Policy Holder's Name _____

Carrier or Plan Name _____ Policy # _____

Name of family physician _____ Phone _____

Allergies: Medication/Food/Other. List all know. Describe reaction and management of the reaction.

Medications currently taken: _____

Has/does the camper:

Yes No

- | | | |
|---|-------|-------|
| 1. Had any recent injury or illness or infectious disease?..... | _____ | _____ |
| 2. Have a chronic or recurring illness/condition?..... | _____ | _____ |
| 3. Have frequent headaches?..... | _____ | _____ |
| 4. Ever had a head injury?..... | _____ | _____ |
| 5. Ever been knocked unconscious?..... | _____ | _____ |
| 6. Wear glasses, contacts or protective eye wear?.... | _____ | _____ |
| 7. Ever have frequent ear infections?..... | _____ | _____ |
| 8. Ever have seizures?..... | _____ | _____ |
| 9. Have any skin problems? (itching, rash)?..... | _____ | _____ |

Please explain any yes answers, noting the number of the questions.

My Child's Vaccinations are Up To Date/Current: YES ____ NO ____

Please Initial _____ Date _____



- **Towel /Blanket** To rest, relax
- **Refillable Water Bottle** This is a MUST in any weather!
- **Snack**
- **Shoes/Socks/Sandals** We run, walk, and relax. Remember we go rain or shine so please send appropriate footwear.
- **Dress for the Weather** Remember we go rain or shine, and the weather conditions and temperatures may vary from morning to afternoon. Please pack for any weather related possibility!

PLEASE LABEL EACH AND EVERY ITEM WITH YOUR CAMPER'S NAME

Please do not bring expensive clothes or shoes.