

PLAY@ART!

Vacation Day Camp 2023 | Registration Form

Kids complete at least one art project to bring home in painting, pottery, printmaking or jewelry. We also play plenty of games, go for outdoor “art walks” (weather permitting), and wind down with story-time.

Lunch, snacks, and water bottles should be packed from home.

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|---|---|--|---|--|---|
| <input type="checkbox"/> Mon., Jan. 16 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Mon., Feb. 20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Mon., Apr. 10 | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | <input type="checkbox"/> Tues., Feb. 21 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Tues., Apr. 11 | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | <input type="checkbox"/> Wed., Apr. 12 | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | <input type="checkbox"/> Thur., Apr. 13 | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | <input type="checkbox"/> Fri., Apr. 14 | <input type="checkbox"/> AM <input type="checkbox"/> PM |

10 am - 2 pm | ages 4 - 10 yrs | \$72 / \$61 siblings

Before Care (AM) (9 - 10 am) and **After Care (PM)**: \$18 p/hr (2 - 3 pm)

Child 1, name: _____ age: _____

Sibling 2, name: _____ age: _____

Sibling 3, name: _____ age: _____

Parent / Guardian: _____ phone: _____

HomeAddress: _____ email: _____

Adult Responsible for Pick-Up (if different from above): _____

- My child has the following allergies which may be life-threatening:
- I am including an **EpiPen** and give permission for it to be administered in case of emergency.
- I do** / **I do not** / give my permission for photos to be taken during class activities, and to possibly be used for marketing purposes for P@A! for print or social media. (Children’s names are never included).

Credit Card Information

To insure your child’s placement, please return registration and payment via check or credit card. Receipts will be emailed.

Number of children: _____ **Number of days:** _____ **Total: \$** _____

card number: _____ exp.: ____/____ security code: _____ zip code: _____