

# 2012 ART CAMP @ Rockville High School Registration

If registering more than 2 students, please make additional copies.

***If you have registered and paid online complete and mail the medical form and contract only.***

## Responsible Parent/Guardian (check box)

Who is student(s) Custodial Parents: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Guardian1 <input type="checkbox"/> Parent/Guardian2
Whom does student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Guardian1 <input type="checkbox"/> Parent/Guardian2 <input type="checkbox"/> Other

If you answered "other", please specify the person's name and their relationship to Student \_\_\_\_\_

### Parent/Guardian 1

First Name:		
Last Name:		
Address:		
Address:		
City:	State:	Zip:
Home Telephone:	Mobile:	
Email:		
Employer:	Telephone:	

### Parent/Guardian 2

First Name:		
Last Name:		
Address:		
Address:		
City:	State:	Zip:
Home Telephone:	Mobile:	
Email:		
Employer:	Telephone:	

### Student 1

First Name:		
Last Name:		
Address:		
City:	State:	Zip:
Home Telephone:	Birth Date:	Mo.      Day      Year
Current Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female      Age as of August 1:

Check if your child is to be grouped with friends. Names: \_\_\_\_\_

### Student 2

First Name:		
Last Name:		
Address:		
City:	State:	Zip:
Home Telephone:	Birth Date:	Mo.      Day      Year
Current Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female      Age as of August 1:

Check if your child is to be grouped with friends. Names: \_\_\_\_\_

**Mail Registration Form to:**

House of Artistry    18921 Glendower Road    Gaithersburg MD 20879  
301-519-1628    HouseofArtistry@aol.com    www.HouseofArtistry.com

## 2012 Sessions

Multiply the session program fee X number of students = total

**Discount: PAID IN FULL before March 1<sup>st</sup> \$575 - \$50 = \$525.**

### Session I: June 18 – June 29 (check boxes)

<input type="checkbox"/> Early Arrival: All ages (7:30 am)	Fee: \$75	Number of Students:	Total:
<input type="checkbox"/> Young Artist Program: Age 5-6	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> All Media Program: Age 7-9	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> All Media Program: Age 10-12	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> Extended Day: All ages (4 – 5:30 pm)	Fee: \$130	Number of Students:	Total:

### Session II: July 9 – July 20 (check boxes)

<input type="checkbox"/> Early Arrival: All ages (7:30 am)	Fee: \$75	Number of Students:	Total:
<input type="checkbox"/> Young Artist Program: Age 5-6	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> All Media Program: Age 7-9	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> All Media Program: Age 10-12	Fee: \$575	Number of Students:	Total:
<input type="checkbox"/> Extended Day: All ages (4 - 5:30 pm)	Fee: \$130	Number of Students:	Total:

Total Balance due May 1
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### Payment (Please Print Clearly)

<input type="checkbox"/> Check	Driver's License No.:	Expiration:	State:
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<input type="checkbox"/> Visa <input type="checkbox"/> Master	No.:	Expiration:
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Name on Credit Card:
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## ART CAMP Terms and Conditions

### Parental Consent:

1. **Parents must agree to all items. This form must be signed and submitted to the House of Artistry office before children can be enrolled in any session. Please keep a copy of this page and read it carefully to avoid any misunderstandings.**
2. I hereby give permission for my camper to participate in the Art Camp conducted by the House of Artistry.
3. I hereby give permission for my camper to participate in all Art Camp activities, conducted by the House of Artistry, and understand that accidents and injuries may occur in the natural participation in such activities.
4. I understand that every effort will be made to provide reasonable care by the House of Artistry staff.
5. I hereby give permission for emergency medical attention to be administered to my child by the House of Artistry staff.
6. When I can not be contacted, I hereby authorize to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well being of my child.
7. I hereby release RHS, the House of Artistry, its employees, agents, counselors and volunteers from any and all liability resulting from any loss, injury or illness to my camper and/or his/her property while attending the Art Camp.

### Admissions:

1. Camp spaces are filled on a first-come, first-served basis. The House of Artistry reserves the right to close registration for programs that fill and to cancel camps that are under enrolled.
2. **Belongings:** Camper's FIRST AND LAST name should be written clearly on all clothing and belongings. Please do not send valuable items (such as electronic games, headsets, jewelry or cash) to camp.
3. **Dismissal of Camper:** House of Artistry reserves the right to dismiss, in its sole discretion, any camper whose behavior is deemed unsatisfactory or detrimental to the best interests of the Art Camp, themselves, the campers or staff, in which case no refunds will be made.
4. **Late Pick Up:** Full Day or Extended Day programs a late fee of \$1 per minute per camper will be due when the camper is picked up.
5. **Photos:** The House of Artistry has permission to use photographs of campers and their activities for all promotional purposes.
6. **Supervision:** Campers are placed in the care of the House of Artistry staff upon arrival. Campers arriving before 8:15 a.m. or remaining on campus after 4:00 p.m. will be enrolled in extended care.

### Tuition Fees:

1. Before March 1<sup>st</sup>: \$525
2. After March 1<sup>st</sup>: \$575
3. If a Camp Session is canceled for any reason, parents can choose to transfer their camper to another session or accept a full refund.

**I have read all of the above items, understand them and give my consent.**

\_\_\_\_\_  
Parent's/Guardian's Signature

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

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## ART CAMP CONFIDENTIAL PRESCRIPTION MEDICATION FORM

**This form is to be completed by a physician, nurse practitioner or dentist ONLY if your child needs prescription medication administered at camp. Please use one sheet per medication.**

First Name:					Last:				
Birth Date:	Mo.	Day	Year	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Medication 1:					Reason for Medication:				
Dose:		Route:			Time:		Effective Dates:		
Medication 2:					Reason for Medication:				
Dose:		Route:			Time:		Effective Dates:		
Medication 3:					Reason for Medication:				
Dose:		Route:			Time:		Effective Dates:		

<input type="checkbox"/> Checking this box indicates that the medication is an epi-pen or inhaler that the camper can carry and self-administer.									
Possible adverse effects:									
Any drug interactions?									
Additional instructions:									
Allergies:									

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

Printed name of Physician: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

I release RHS, the ART CAMP and its personnel of any liability related to the administration of the above listed medication. I give permission to the ART CAMP personnel to communicate directly with the prescribing physician.

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication is to be brought to the Camp Director by parents or guardians. Medication must be in the original container and clearly marked. Unclaimed medication will be destroyed at the end of camp.**

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