

perkins center summer arts camp camper packet

Thank you for registering your child for our Summer Arts Camp!

Please save this page for your records. All forms in the camper packet, including the health and behavioral form, must be completed and returned as soon as possible.

camp dates* & hours:

Camp hours are 9am-4pm. Drop-off is from 8:45-9am. Extended care is available for an additional charge. The hours for extended care are 8-9am & 4-5pm.

Session 1: June 24- July 5 (no camp July 4th)

Field trip: 6/28/19

Final Friday: July 5 at 3 pm

Session 2: July 8- July 19

Field trip: 7/12/19

Final Friday: July 19 at 3 pm

Session 3: July 22- August 2

Field trip: 7/26/19

Final Friday: August 2 at 3 pm

Session 4: August 5 - August 16

Field trip: 8/9/19

Final Friday: August 16 at 3pm

*Teen Arts Lab (ages 12-14) runs during all 4 Sessions. Final Fridays are at 3:30pm.

allergy note:

Perkins Center's camp program is now peanut-free & nut-free, however our facility and grounds are not. Campers are asked to not bring peanuts or tree nuts and oils that include, but are not limited to, walnut, almond, hazelnut, cashew, pistachio, and brazil to camp. Parents, please take the time to read labels to make sure the ingredients in packed foods do not contain these products.

Please note: Perkins Center is located on an arboretum which contains nut-bearing trees.

what to bring:

1. Snack (nut free)
2. Lunch (nut free)
3. Refillable water bottle
4. Backpack

These items must be labeled and packed separately. Please note: Perkins Center no longer provides a daily snack. Perkins Center does offer water ice following the Final Friday performance.

Please leave at home: toys, trading cards, and video games.

additional info:

- On Fridays, campers wear their camp T-shirt. Campers will make these shirts during the first week.
- We love to celebrate birthdays! Please note that Perkins Center has a "no food" policy for celebrating birthdays. If you wish to bring in a birthday treat, we recommend stickers or pencils. Perkins Center can also offer a child-focused activity to celebrate.

drop-off & pick-up procedures:

On the first day, campers will meet on the front lawn at 8:45 am. Signs will be posted with the names of the campers assigned to a group. Please walk your child to their group to meet their counselor.

After the first day, we will have a drive through and drop-off procedure in place if you choose to use it. Drop-off begins at 8:45am and ends promptly at 9am. Counselors will sign campers into camp, but campers must be signed out by a parent/guardian during pick-up at 4:00pm on the front lawn. *Note: The driveway is one way. You must enter Perkins Center on Camden Ave and exit out onto Kings Highway. We ask that you please park in the parking lot behind the building or on Camden Ave. The parking lot and driveway may be busy, so please use caution.*

perkins center summer arts camp registration form*

camper information

PLEASE COMPLETE. INCOMPLETE FORMS CANNOT BE PROCESSED.

*in an effort to safely and effectively ensure the highest quality instruction for all of our campers, please complete this form and return it to Perkins Center for the Arts asap- Attn: Camp Director. Enrollment in camp is subject to a thorough review and evaluation of the information provided. All applications are pending. There is a potential for assessment of tuition in the event that an initially enrolled student is later found ineligible.

CAMPER FIRST NAME

MIDDLE INITIAL

LAST NAME

SESSION(S) ATTENDING

DATE OF BIRTH

AGE AT TIME OF CAMP

GRADE COMPLETED

CAMPER'S SCHOOL

LOCATION

PARENT(S) / GUARDIAN(S) NAME

MAILING ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL

EMERGENCY CONTACT NAME

RELATIONSHIP

EMERGENCY CONTACT PHONE

pick-up permissions

All campers must be signed out before leaving the camp grounds. Please list the names and phone numbers of people who have permission to pick-up your child (note: Identification may be required at pick-up)

NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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photo, video, and media permission and release

Photographs and videos of my child participating in Perkins Center programs may be used by Perkins' staff for the limited purpose of inclusion in Perkins' publications, press materials, and social media.

YES _____ NO _____

statement of understanding

The following information is important to safely and effectively ensure the highest quality instruction for all of our campers. Please read this information and sign below.

- I understand that my child's camp registration is pending until the Universal Child Health Record (endorsed by the American Academy of Pediatrics, New Jersey Academy of Family Physicians and New Jersey Department of Health) has been completed and reviewed.
- I understand that enrollment in camp is subject to a more thorough review and evaluation of the information provided. All applications are pending.
- I understand that there is a potential for assessment of tuition in the event that an initially enrolled student is later found ineligible

I have read and understand the statements above regarding Perkins Center for the Arts policies and procedures.

PARENT/ GUARDIAN SIGNATURE

DATE

statement of authorization

1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the Center as soon as possible.

2. The parent/guardian's signature authorizes the management and staff of Perkins Center for the Arts to act for me according to their best judgment in the event of a medical emergency. The parent/guardian grant permission for the emergency medical treatment by the Perkins Center for the Arts staff, emergency rescue squad, hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. The parent/guardian signature waives/ releases Perkins Center for the Arts from any and all liability/ financial responsibility for any medical expenses incurred.
3. The parent/guardian authorizes the application of sunscreen for his or her child by Perkins Center for the Arts staff. (Please not any adverse reaction to sunscreen of which you may be aware)
Brand? _____
4. The parent/guardian authorizes the application of insect repellent for his or her child by Perkins Center for the Arts staff. (Please not any adverse reaction to sunscreen of which you may be aware)
Brand? _____

By signing below, you are authorizing all of the above.

PARENT/ GUARDIAN SIGNATURE

DATE

field trip permission slip*

We/I _____ (parent/guardian names) give our/my child,

_____ (camper name), permission to participate in the field trip(s) listed below sponsored by Perkins Center for the Arts accompanied by trip leaders O'Sheila Eural and Allison Hunt. We agree to release and hold harmless Perkins Center, Perkins Center employees and chaperones from any and all liability, loss, damages, claims or actions for bodily injury and/or property damage arising out of transportation and participation on this trip, in accordance with current state and federal law.

Session 1: 6/28/19 - TBA

Session 2: 7/12/19 - TBA

Session 3: 7/26/19 - TBA

Session 4: 8/9/19 - TBA

PARENT/ GUARDIAN SIGNATURE

DATE

submission

I release, acquit and discharge, and agree indemnify and hold harmless, Perkins Center for the Arts, its directors, employees, contracted employees and volunteers, against any claim, loss, liability, injury, damage, and expense loss to person or to property, which participant may, directly or indirectly, sustain or suffer as a result of my child's participation in camp and use of Perkins Center for the Arts grounds, equipment or gross negligence of Perkins Center for the Arts.

Agree

By signing below, you are agreeing to all of the above.

PARENT/ GUARDIAN SIGNATURE

395 KINGS HIGHWAY, MOORESTOWN, NJ 08057

PHONE: 856.235.6488

FAX: 856.235.6624

PERKINSARTS.ORG