

Summer Art Camp 2017

Camp Session/Payment Form

Student Name _____

Camp Site:

Fisher Park
571 W Spencer St

Parkside Evans,
5300 Parkside Ave.

Wissinoming Park,
4035 E. Cheltenham Ave.

Please check the sessions your child will be attending camp:

Sessions	Dates	Fees	Total	Staff Only
<input type="checkbox"/> Camp Session #1 only	July 3rd – July 21st	\$50 Registration Fee* \$150 Camp Fee	\$200	
<input type="checkbox"/> Camp Session #2 only	July 24th – August 11th	\$50 Registration Fee* \$150 Camp Fee	\$200	
<input type="checkbox"/> Both Camp Sessions	July 3rd – August 11th	\$50 Registration Fee* \$300 Camp Fee	\$350	

***\$50 registration fee is a one-time fee due at time of registration**

<input type="checkbox"/> If you are interested in bus transportation for \$75/session (\$150 for 6 weeks)
Please check for family discount: <i>Discounts are to the camp fee, not registration fee or bus fee, for siblings attending camp.</i>
<input type="checkbox"/> 2 Siblings: 10% discount \$135/child/session <input type="checkbox"/> 3 Siblings: 15% discount \$127.50/child/session <input type="checkbox"/> 4 or more siblings: 20% discount \$120/child/session

Registration Must Include:

- Completed Registration Forms**
 - Complete Contact information, Signatures, & Medical Info
 - Drawing Example: Summer Camp T-shirt design
 - Recommendation: *First Year Students Only*
 - Completed Camp Session/Payment Form
 - Proof Of Age: Copy of birth certificate or school ID with birth date: *First Year Students Only***
 - Registration Fee \$50/child is due with registration form to secure space**
- Optional: Total Camp fee payment with registration fee (\$200 for 1 session or \$350 for 2 sessions)
If your child is not accepted into camp, you will be refunded all money you paid.

Total camp fees must be paid before the child begins camp. Fees can be paid at registration or are due by the dates below:

Session	Fees Due
Session #1	Friday, June 23 rd
Session #2	Friday, July 14 th

Payment may be made by check or money order to **“VAP Advisory Council.”**

Payments can be mailed to:

**Visual Arts Program
Jardel Recreation Center
1400 Cottman Avenue
Philadelphia, PA 19111**

NEW IN 2017: we now accept credit card payments!

You can pay onsite before camp, at parent meetings, or at select dates and times during camp.

Call 215-683-1997 for in person payment hours at the Visual Arts Office at Jardel Recreation Center.

Payments will not be accepted at Jardel's main office.

Summer Art Camp 2017

Please list any past camps or art classes your child has attended:

Drawing Exercise

Please design a t-shirt for Philadelphia Parks & Recreation Summer Art Camp 2017!

Designs can be done in the area below or student may submit a drawing on white paper no larger than 12"x18" attached to this application or emailed to philavisualarts@gmail.com. Drawings in pencil/pen/marker are preferred for reprinting quality. Design topics include: Summer, Art, & Philadelphia This drawing example will allow staff to judge ability for camp and one drawing will be selected for the 2017 Camp T-shirt. Please do not use commercial characters or logos.

Deadline for Drawings: June 9th 2017 @ 5pm

FIRST YEAR STUDENTS ONLY:

Recommendation: First year students **MUST** have a recommendation from a teacher, recreation leader, or counselor. The space below can be used or a signed letter can be attached to the application.

Recommendations must include the student's interest/ability in visual arts. Do not send past awards, certificates or samples of drawings. (If you attended camp in 2016, simply write: "Attended Camp Last Year")

Signature of person writing the recommendation: _____

Printed Name: _____ Title: _____

School/Agency: _____



Summer Art Camp 2017

Registration Form

Staff Only	
Date Received	
Paid	
Owed	

Youth Participant Information

First and Last Name					Date of Birth (proof of age required)					Age					
Residential Address						City				Zip					
Primary Language Spoken at Home			Gender			Is the participant of Hispanic, Latino, or Spanish Origin?					Yes	No			
Race (circle one)		Black/ African American	White/ Caucasian	Asian			American Indian/ Pacific Islander		Multi-racial						
Home Phone			Cell Phone				Email								
School Name						Student ID Number									
Grade (circle one)		K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	
Shirt Size (circle one)		Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other						
Did the Student attend a Philadelphia Parks & Recreation After School Program in the 2016-2017 school year?															
Yes											If yes, what facility?: _____			No	

Parent, Guardian and Emergency Contact Information

Contact 1				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone			
Contact 2				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone			
Contact 3				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone			
Contact 4				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone			

YOUTH PARTICIPANT WAIVERS

Dismissal

By signing below, I will allow my child to walk home by themselves.		
<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Philadelphia Parks & Recreation to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.		
<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of Philadelphia Parks & Recreation in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit. I give permission for my child to be photographed by Parks & Recreation either individually or as part of a group participating in camp activities, including offsite trips. These photographs may be used on various camp brochures, posters, postcards, reports, an Internet site, www.facebook.com/PhilaVisualArts , and/or as part of a slide presentation to promote participation and interest in the camp.		
<i>Signature of Responsible Party</i>	<i>Relationship</i>	<i>Date</i>

Staff Alerts/Medical Information

Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.

Please list below any allergies, medical conditions, or physical problems experienced by this camper of which the camp staff should be aware:
IS THIS CAMPER CURRENTLY TAKING ANY MEDICATION OF WHICH THE STAFF SHOULD BE AWARE? If yes, please explain. Please note: Staff will NOT be permitted to administer any medications to children. They must be able to administer to themselves.
Are there any other issues we need to be aware of?

PHILADELPHIA PARKS & RECREATION ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, DISABILITY, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA PARKS & RECREATION OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.