

Please fill out this form and return it to The Pennsylvania Academy of the Fine Arts as soon as possible. If any information changes before or during your week(s) at camp please notify PAFA staff.

Summer Art Camp 2019
Contact/ Emergency Contact

Camper's Last Name	Camper's First Name	Age/Grade
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Address	Apt. #	City	State	Zip
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Please Fill In the Name of the Camps Registered

Week 1: 6/24-6/28 _____ aftercamp: yes no

Week 2: 7/1-7/5 _____ aftercamp: yes no

Week 3: 7/8-7/12 _____ aftercamp: yes no

Week 4: 7/15-7/19 _____ aftercamp: yes no

Week 5: 7/22-7/26 _____ aftercamp: yes no

Week 6: 7/29-8/2 _____ aftercamp: yes no

Week 7: 8/5-8/9 _____ aftercamp: yes no

Parent/Guardian

Last	First	Relation to Camper	Phone: Cell/ Home
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Address	City	State	Zip	Email
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Parent/Guardian

Last	First	Relation to Camper	Phone: Cell/ Home
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Address	City	State	Zip	Email
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Emergency Contacts

Please list 2 emergency contacts. **These should NOT be parents or guardians.**

Name	Relation to Camper	Phone: Cell/ Home
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Name	Relation to Camper	Phone: Cell/ Home
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Please read carefully and check all that apply.

Pick-Up Authorization/ Discipline-/ Field Trip / Photo Release

Pick-Up Authorization

Check the box below if your camper is authorized to sign themselves out and leave on their own.

☐ Camper may sign themselves out and leave.

Please list the names of any person authorized to pick up your child **in addition** to parent/guardian

Name	Relation to camper	phone
1. _____		
2. _____		
3. _____		

Discipline/Behavior

We try to keep disciplinary issues minimized and to help children monitor their own behavior. Camp staff is trained to model and enforce age-appropriate behavior guidelines and reflective communication. We will do our best to provide behavioral support to any student demonstrating a need or disrupting a camp. Aggressive physical behavior such as fighting, hitting or biting will not be tolerated. Staff members will intervene immediately should this type of situation occur in order to protect all of the children and encourage more acceptable behavior. Parents will be informed if such an incident occurs. If the child's behavior is extremely disruptive and/or harmful to themselves or others, a parent may be asked to remove the child from camp for the remainder of the day. Open communication between guardians and camp is considered key in terms of effective discipline.

☐ I acknowledge that PAFA reserves the right to ask a disruptive camper to withdraw from camp and if such a situation occurs, will refund payment for the remaining days of camp.

Field Trip Release

Some camp sessions will be taking walking trips to nearby sites under adequate supervision. For bused field trips, we worked with authorized insured vendors and have adequate chaperones.

☐ I grant permission for my camper to attend any scheduled field trips for his/her camp session. Furthermore, for and in consideration of arrangements and provisions made for the conduct of the activity, I hereby release the Pennsylvania Academy of the Fine Arts and its representatives from all liability resulting from injury sustained by my child during such trips.

Photo Release

The Pennsylvania Academy of the Fine Arts gathers images throughout the year of its program participants in an effort to tell the story of our organization and our mission. We appreciate your cooperation and consent in allowing us to photograph you and your child for our use in various mediums. You have our assurance that these images will be used only for official purposes and with the respect and consideration to which you are entitled.

☐ I grant permission to The Pennsylvania Academy of the Fine Arts for full use of photographic/video images taken of me or my child or of anyone for whom I have legal responsibility on this date.

By my signature I confirm that I have read this agreement and that I understand and accept its terms, unless stated otherwise.

Parent/Guardian name

Signature

Date

Health Information

Health Information/Emergency Care Release

Child's Physician's Name _____ phone _____

Does your child have health insurance coverage right now? (Circle One Answer)

YES Insurance Company, HMO, etc. Insurer Name _____ Policy Number _____ Group Number _____	YES Medical Assistance Contact _____ NO We do not have coverage	Date of last tetanus shot ____/____/____
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Allergies List allergies, reaction and management (attach additional note, as needed.) Allergic to _____ Reaction _____ Management _____ Allergic to _____ Reaction _____ Management _____	Restrictions Please list all dietary and activity restrictions.
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Medication Information <i>Please list all medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in to the Camp Director at registration.</i>		
Medication _____	dosage _____	time/frequency _____
Reason for taking _____		
Medication _____	dosage _____	time/frequency _____
Reason for taking _____		

First Aid and Emergency Care <i>The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent/guardian. In an emergency requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the transportation of your child to that hospital and your responsibility for the resulting treatment and payment.</i>
<input type="checkbox"/> I authorize Pennsylvania Academy staff to administer first aid as needed.
<input type="checkbox"/> For the safety of my child in emergency situations, where the parent/guardian cannot be contacted immediately, I hereby give authority to the Pennsylvania Academy of the Fine Arts to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

By my signature I certify that all information about the health and well being of my camper is approved and correct. I release the Pennsylvania Academy of the Fine Arts from any liability.		
Parent/Guardian name _____	Signature _____	Date _____

Special Information

Help us to know your child better. Please share information about any emotional, behavioral, learning differences, recent change to family dynamic, or sudden loss of which you would like PAFA staff to be aware. (Please attach additional note or IEP, as needed.)

Please submit all forms at least two weeks prior to the start of camp.

No camper may participate in camp without completed and signed emergency contact and health forms on file.

You may:

Scan and email to: artcamp@pafa.org

Fax: 215-567-2429

Drop them off at the front desk of either museum building
in an envelope labeled:

Museum Education
Attn: Summer Art Camp

Mail:

Museum Education / Summer Art Camp
Pennsylvania Academy of the Fine Arts
128 North Broad Street,
Philadelphia, PA, 19102

We look forward to have your camper!!!