

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.

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

Week 1: 6/25-6/29 _____	aftercamp:	yes	no
Week 2: 7/2-7/6 _____	aftercamp:	yes	no
Week 3: 7/9-7/13 _____	aftercamp:	yes	no
Week 4: 7/16-7/20 _____	aftercamp:	yes	no
Week 5: 7/23-7/27 _____	aftercamp:	yes	no
Week 6: 7/30-8/3 _____	aftercamp:	yes	no
Week 7: 8/6-8/10 _____	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
Name	Relation to Camper	Phone: Cell/ Home

<p><b>Pick-Up Authorization</b></p> <p>On the right, please list the names of any person authorized to pick up your child <b>in addition to parents/guardians</b> <b>OR</b> check the box below to authorize your camper to sign themselves out and leave on their own.</p> <p><input type="checkbox"/> Camper may sign themselves out.</p>	_____	_____	_____
	Name	Relation	Phone
	_____	_____	_____
	Name	Relation	Phone
_____	_____	_____	
	Name	Relation	Phone

By my signature I certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian Signature Date

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 Camp staff.

\_\_\_\_\_/\_\_\_\_\_  
 Child's Physician's Name phone

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

- YES Insurance Company, HMO, etc.**  
 Name of Insurer \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Group Number \_\_\_\_\_
- YES Medical Assistance**  
 Medical Assistance Contact Information \_\_\_\_\_
- NO We do not have coverage**

**Date of last tetanus shot**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Allergies</b>	Please list allergies along with reaction and management.
Allergic to	Reaction
Management	
Allergic to	Reaction
Management	

<b>Restrictions</b>
Please list all dietary and activity restrictions.

**Medication Information**

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.

Medication	dosage	time/frequency
Reason for taking		
Medication	dosage	time/frequency
Reason for taking		

**Special Health Information**

Please provide additional information about any emotional, behavioral, learning differences, or recent change to family dynamic, or sudden loss of which you would like PAFA staff to be aware. (Please attach additional note or IEP.)

I authorize Pennsylvania Academy staff to administer first aid as needed.

For the safety of your 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.

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.

By my signature I certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature

Date

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 Camp staff.

**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 encourage self-control, self-direction, responsibility and cooperation. 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.

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**

I grant permission for \_\_\_\_\_ to attend any scheduled field trips  
Camper's Name

for his/her camp session. 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. 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.



**Summer Art Camp 2018  
Camper Information**  
Photo Release

**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  
Parent/Guardian Name  
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 certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability should this information prove incorrect.  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Please send forms as soon as possible!**

**Scan and email** to: [artcamp@pafa.org](mailto:artcamp@pafa.org)  
**Fax:** 215-567-2429  
**Mail:** Museum Education, attn: Summer Camp, 128 North Broad Street, Philadelphia, PA, 19102  
**Drop them off** at the front desk of either museum building. Envelope should be labeled: **Museum Education**  
**Attn: Summer Art Camp**