

2018 Youth Summer Art / Culinary Camp REGISTRATION FORM

CONTACT INFORMATION

Guardian Name _____ Parent _____ Guardian _____

Child's Name _____ Nickname _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone (W) _____ (H) _____

E-mail _____

CAMPER INFORMATION

Child's Name _____ Nickname _____ Age _____ T-Shirt Size _____

Does your child have any allergies? _____ Yes _____ No If yes, explain _____

Does your child currently take any medication? _____ Yes _____ No If yes, explain _____

Does your child have special needs? _____ Yes _____ No If yes, explain _____

Additional Information _____

EMERGENCY & SAFETY INFORMATION

In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:

(Please list names in order you would like them to be called.)

A. _____ Phone _____ Relation _____

B. _____ Phone _____ Relation _____

C. _____ Phone _____ Relation _____

Authorized person(s) to take child from site:

(You MUST list anyone who may pick up your child, including parents, guardians and emergency contacts.)

A. _____ Relation _____

B. _____ Relation _____

C. _____ Relation _____

I agree that neither Pottawattamie Arts/Culture/Entertainment nor its staff will be held responsible for accidental injury. I authorize Pottawattamie Arts/Culture/Entertainment staff to secure emergency treatment deemed necessary for the child named above at parent/guardian expense.

Guardian Signature: _____ Date: _____

I authorize PACE to photograph, film and/or videotape my child for whom I am legally responsible identified above for promotional, fundraising and/or commercial purposes in any manner related to PACE in any and all forms of media now known or later developed, worldwide, such as but not limited to brochures, advertising, newspapers, magazines, news media (print, radio, on-line, TV), webpages, social media, promotions and other presentations that promote the interests of PACE and for archival and other purposes consistent with the mission of PACE, all without notifying me.

Guardian Signature: _____ Date: _____





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CAMPER CODE OF CONDUCT

Our goal is to provide the highest quality recreational day camp in a safe environment for all campers. Please assist us in maintaining a safe and enjoyable environment by following the Camper Code of Conduct.

- Be respectful of the feelings and properties of others. Treat others the way you would like to be treated.
- Show respect to the staff and cooperate with their instructions and rules.
- Know and follow the rules of camp.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting or fitting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of an inappropriate actions.

Consequences for misbehaving or breaking camp rules will be:

- 1st offense: The inappropriate behavior will be discussed with the child and positive alternatives will be encouraged.
- 2nd offense: The inappropriate behavior and positive alternatives will be discussed again with the child at the time of the behavior. The behavior will also be discussed with the child's parent(s) at pickup on the same day as the offense.
- 3rd offense: The child's parent(s) and PACE staff will meet following the 3rd offense to discuss whether the child can remain in the camp. If the behavior continues and threatens the safety of other children or staff, suspension or expulsion from the program may be implemented.

Any child who exhibits aggressive physical behavior towards another child or adult will have his/her parents contacted and may need to be picked up from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The suspension, expulsion and reinstatement process will be used.

I have read and understand the above policy. I assume responsibility for insuring my child is aware of this policy and consequences of his/her actions should there be such offense.

Guardian Signature: _____ Date: _____

Child/Participant Signature: _____ Date: _____

PAYMENT INFORMATION \$150 per camper (non-member) | \$135 per camper (PACE member)

Total Amount Due \$ _____

Check Enclosed ____ Credit Card ____ Visa ____ Master Card ____ Discover ____ American Express ____

Credit Card #: _____ Expiration Date: ____/____ CVV: _____

Authorized Cardholder Signature: _____ Date: _____

I am interested in scholarships for my child. I have attached a letter of recommendation from my child's teacher/art teacher to this application. PACE will contact you to discuss scholarship options; payment may be made after approval of scholarship.

AUTHORIZATION

Guardian Printed Name: _____ Date: _____

Guardian Signature: _____ Date: _____

Please return this form to Pottawattamie Arts, Culture & Entertainment at danna@paceartsiowa.org or by mail at:

1228 South Main Street, Suite 115 / Council Bluffs, IA / 51503



IOWA WEST FOUNDATION

