Dear Parent or Guardian,

Thank you for registering your child for camp at the Arts Center!

Enclosed, you will find important information about our program. Please carefully review these materials, as they explain critical information.

**ALL ENCLOSED FORMS MUST BE FILLED OUT PRIOR TO CAMP**

*These documents allow our staff to ensure the best experience for all campers at the Arts Center*

<table>
<thead>
<tr>
<th>CAMP SCHEDULE</th>
<th>CAMPER CHECKLIST</th>
</tr>
</thead>
</table>
| **8:45am-9:00am**  
Camp Curbside Check-In | Every day, each camper will require |
| **9:00am-10:20am**  
Studio Time | 2 Snacks |
| **10:20am-10:40am**  
Snack Break | 1 Packed lunch |
| **10:40pm-12:00pm**  
Studio Time | *Pizza/Movie Day Every Thursday* |
| **12:00pm-1:00pm**  
Lunch | 2 Pieces of pizza |
| **1:00pm-2:20pm**  
Studio Time | 2 Cookies |
| **2:20pm-2:40pm**  
Snack Break | Juice |
| **2:40pm-4:00pm**  
Studio Time | **COVID-19 Safety Procedures** |
| **4:00pm**  
Parent Pick-Up | • Morning Drop-off will occur in front of the Arts Center main entrance. |
| **4:00pm-5:00pm**  
PM Care | • Campers will obtain temperature screenings prior to the start of camp each day. |
| | • Campers are required to wear masks at all times while attending camp. |
| | • Handwashing breaks will be required by all campers throughout the camp day as directed by the instructor. |
| | • Campers should remain 6ft apart while in the studios and common spaces. |
| | • Sharing of food, toys, and electronics will not be permitted. |
# STUDENT INFORMATION FORM

**Child’s Name** ___________________________  **Child Prefers to be Called** ___________________________

**Birth Date** ___________________________  **Age** ___________________________  □ Male □ Female

**Parent/Guardian Name** ___________________________  **Daytime Phone** ___________________________

**Cell Phone** ___________________________

**Approved adults besides parents who may be picking up your child:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
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</table>

**Other Emergency Contact** ___________________________  **Relationship** ___________________________

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Cell Phone</th>
</tr>
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<tbody>
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</tbody>
</table>

**Physician’s Name** ___________________________  **Phone** ___________________________

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**Has your child had any of the following? Please circle all that apply.**

<table>
<thead>
<tr>
<th>Heart Disease</th>
<th>Scarlet Fever</th>
<th>Chicken Pox</th>
<th>Severe Allergies</th>
<th>Asthma/Hay Fever</th>
</tr>
</thead>
</table>

**Has your child had surgery?**

Yes  No  If yes, please explain: ___________________________

**Does your child have Epilepsy?**

Yes  No

**Does your child have Diabetes?**

Yes  No  If yes, does he/she take insulin? Yes  No  If yes, please list insulin type and dosage:

**Does he/she take medication?**

Yes  No  If yes, please list purpose, drug names and dosages:

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**IMPORTANT**

Please add anything we should know about your child’s health that will assist in understanding your child’s special needs:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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**Consent Of Parent/Guardian For Emergency Treatment**

I, [Parent/Guardian [name] ___________________________, pursuant to the authority vested to me as parent/guardian of [child’s name] ___________________________, do hereby authorize the staff of The Arts Center of the Capital Region, to exercise for me and on my behalf all my rights and duties with reference to medicines and hospitalization, including care and treatment by any means deemed necessary for the emergency care of my child.

Signature ___________________________  Date ___________

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**Self-Sign-In & Sign-Out Permission (Campers must be 12 years old +)**

I will not be picking up and dropping off my child during his/her attendance at the Arts Center’s Summer Camp. I give my child, who is 12+ years old the permission to sign themselves in and out of camp.

Signature ___________________________  Date ___________