



250-212-7594

[www.expression.bc.ca](http://www.expression.bc.ca)

[angela@expression.bc.ca](mailto:angela@expression.bc.ca)

## Performing & Visual Arts ~ Summer Program 2012

**KAMP KINDESS ~ One of a kind kids ~ Caring through the arts!**

### CHILD INFORMATION:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

### FAMILY INFORMATION:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child resides with: Mother: ( ) Father ( ) Both ( ) Other ( )

### EMERGENCY AND ALTERNATIVE CONTACT INFORMATION: *Only the persons listed are authorized to pick up your child*

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Child Medical Information:

Any allergies /medications/special diet/physical considerations \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Physician: \_\_\_\_\_

### Medical Authorization:

In the case of a Medical Incident, we will contact the Parents first, then the Emergency Contact persons in the order presented on the list. In the case of an Emergency, we will contact an ambulance followed by the Parents, then Emergency Contact persons in the order presented on the list.

I \_\_\_\_\_ understand and agree to the following procedures.

### Photo Authorization

I \_\_\_\_\_ permit my child's photo to be taken and posted during the duration of the program and at other related Expression program events and promotions.

**Program Participation Authorizations:**

I am aware of the usual risks inherent in participation in all of the activities associated in participation in the Summer Camps, which include but are not limited to:

- (a) Injuries resulting from camp location
- (b) Injuries resulting in participating in simple music, drama and art
- (c) Injuries resulting from physical activities and games

I hereby grant my child \_\_\_\_\_ permission to participate in Expression Summer Camps and authorize Expression camp leaders to provide or cause to provide such medical services or medical personnel consider appropriate.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



**Partnership Projects**

I \_\_\_\_\_ am aware that some of that guest facilitators from the Hub Arts Collective will be presenting drama, media workshops and that some of the collective art projects will be displayed at the Hub as part of an exhibit.

I \_\_\_\_\_ am aware that performances showcase, may be advertised within the community and new the local media is invited.

I \_\_\_\_\_ am aware that the participants of the summer camp may be requested to perform at the Hub – details will be provided at the start of the summer camp.

**Attendance Cancellation Policies:**

- **Full refund: 8 weeks** cancellation notice prior to the start date will **receive full refund.**
  - **Half refund: 6 weeks** cancellation notice prior to the start date will **receive half fee refund.**
  - **No Refund:** All cancellation after six weeks will be **non-refundable.**
- Please note: considerations made for emergencies and health situation.

I \_\_\_\_\_ understand and agree with the attendance policies above.

**Camp Program Cancellation Policies:**

**Camp Cancellation:** You will receive notified by phone or email 5 days prior to start date of camp, if the program is cancelled due to low registration.

**Full Refund:** a full refunds will be issued and mailed to you 5 days after the notification

I \_\_\_\_\_ agree and understand the camp cancellation policy.

CAMP DATES/AGE	Child Fee	Family Fee per sibling of child	Total payment
<b>CAMP 1 August 7<sup>th</sup> – 10<sup>th</sup></b> Age: 5 – 9	175.00\$	165.00\$	
<b>CAMP 2 August 13<sup>th</sup> to 16<sup>th</sup></b> Age: 7-12	175.00\$	165.00\$	

**Payment & Registration Agreement**

- Complete registration form for each child in your family
- Include **child name and camp date** in the memo section of **check**
- Make checks payable to **Expression** and must be dated the day the child is registered
- **Mail registration forms and check to Expression 1606 30<sup>th</sup> St., Vernon, BC V1T 5C3.**

I \_\_\_\_\_ agree that all of the information above is current and accurate.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



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## **PARENT INFORMATION**

### **TO REGISTER**

- 1. Call or/and email to reserve your space**  
250- 212-7594 OR [angela@expression.bc.ca](mailto:angela@expression.bc.ca)
- 2. COMPLETER REGIRTRATION FORM**
- 3. MAIL REGISTRATION /PAYMENT TO: Expression** 1606 30<sup>th</sup> Street, Vernon BC V1T 5C3
- 4. VIEW and PRINT:** [www.expression.bc.ca](http://www.expression.bc.ca) click programs/summer events
- 5. CONFIRMATION:** You will be contacted via email or phone upon receipt of your registration/payment.

### **IMPORTANT INFORMATION:**

**CAMP LOCATION: 7000 Cumming Road**  
( Right Okanagan Landing/ after Marshal Soccer Fields)

**PARKING: Parking at location**

**ENTRANCE: Side Door on the Right of building**

**ON SITE MOBILE PHONE: 250-212-7594**

### **DAILY REMINDERS**

**Check in/Check out:** sign attendance sheet daily

**Lunch/Snack:** healthy daily lunch/snack w/ice pack

**Water Bottle:** bring re-useable labeled water bottle

**Clothing:** suitable for art/ movement activities

**Art shirt:** a labeled art shirt

### **CARING THROUGH THE ARTS PERFORMANCE & ART EXHIBIT :**

Thursday 2:00pm ( last day of program)  
Invite family and friends