

Registration Form

Camper's Name:

Grade completed by June 2023

Circle one: 1st, 2nd, 3rd, 4th, 5th, 6th.

Student's Age: _____

Address: _____

City: _____ Zip: _____

Email: **Please print clearly.** 😊

Parent/Guardian Name:

Phone: _____

Parent/Guardian Name:

Phone: _____



List the full names below of all the persons authorized to sign-out the camper from the program. The student will not be released to any other persons.

Parent signature:

Program Fee: \$155.

June 19-23. 9am-1pm

Total Paid:

_____ x \$155 = \$_____



**Please, make check payable to:
Original Perspective, LLC**

Your cancelled check will be **both** your registration confirmation *and* receipt. One week before camp begins you will receive a "Welcome to Camp!" informational email.

Please place check & registration in a sealed envelope and mail to:

Chalfont United Methodist Church

c/o Lorraine Daniels
11 Meadowbrook Lane
Chalfont, PA 18914

Multi-Media Art Program!

1st-6th Grade

June 19-23

Chalfont United Methodist Church
11 Meadowbrook Lane
Chalfont, PA 18914
215 822-2807
www.chalfontumc.org



Summer 2023

Schedule 2023

When: June 19-23, 9:00 am-1:00 pm

Where: Chalfont United Methodist Church
11 Meadowbrook Lane
Chalfont, PA 18914

Students will work with a variety of materials including pencil, marker, color pencil, printmaking techniques, air-dry clay, weaving, & oil pastel!

Program Fee: \$155 Includes all supplies!
PLEASE BRING A LUNCH, snack, water bottle, and a beach towel for daily picnic lunch.

Registration Deadline:
June 14, 2023

All CDC COVID safety protocols will be in place. Daily cleaning of bathrooms and camp area, frequent hand washing, masking is optional, no shared supplies. Teachers have been vaccinated. Each week of programing is limited to 24 campers.

In the event of a shut down due to Covid refunds will be issued as a credit towards future programs.

Program Director:
Renée K. Williams-Erwin

Cell: 215-939-6892

Email:
renee@traditionalillustrator.com
Facebook: Original Perspective, LLC
On the Web: www.original-perspective.com

Cut here



Medical Form

Name of Participant: _____

Age at Registration: _____

Allergies & Dietary Restrictions: _____

Modifications or Adaptations: _____

Medications: Please list all medications taken regularly. Campers are expected to bring whatever medications are needed each day and turn in to staff along with written instructions. Staff will be happy to remind the camper to take medication. We have no nurse on staff and take no responsibility for administering medication.

Medication: _____ Time: _____

HEALTH INSURANCE/PHYSICIAN

Insurance Co. Policy/Group No.: _____

Doctor Name and Office No.: _____

In the event of any emergency, I authorize Renée Erwin to secure treatment from any licensed hospital, physician and/or medical personnel deemed necessary for the camper's immediate care and agree that I will be responsible for payment of all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

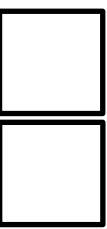
SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Parents, if your child is exhibiting any Covid symptoms, please keep them home. We reserve the right to send a child home if they are exhibiting symptoms.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____



FOR OFFICE USE ONLY
AMOUNT PAID:
CHECK NO.:
DATE ENTERED:
T C B S E



Revised 2-19-23.