

Registration Form

Camper's Name: _____

Grade completed by June 2022
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: \$150.

August 1- 5

9am-1pm

Total Paid:

_____ x \$150 = \$_____

**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

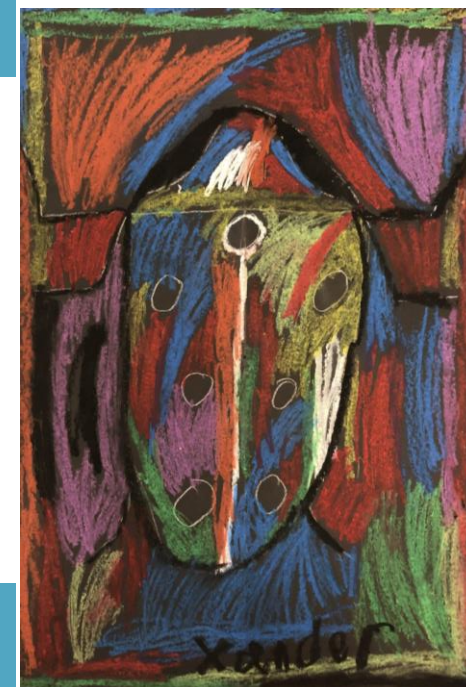
c/o Lorraine Daniels
51 Meadowbrook Lane
Chalfont, PA 18914

Multi-Media Art Program!

1st-6th Grade

August 1-5

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



Summer 2022

Schedule 2022

When:

August 1-5 9:00 am-1:00 pm

Where: Family Life Center at

Chalfont United Methodist Church

(Enter through double doors at the ramp)

Students will work with a variety of materials including pencil, marker, color pencils & oil pastel!

Program Fee: \$150 Includes supplies!
PLEASE BRING A LUNCH, water bottle, and a beach towel for daily picnic lunch.

All CDC COVID safety protocols will be in place. Daily cleaning of bathrooms and camp area, frequent hand washing, masking, 6ft apart, 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

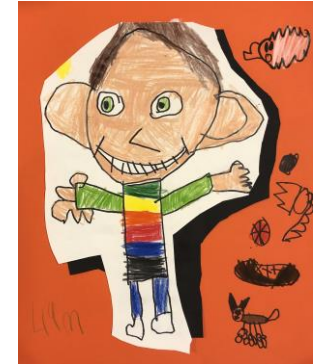
Facebook: Original Perspective, LLC

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 3-30-22

