



2021 ARTLETICS REGISTRATION

Camper Information

Child's Name: _____ Age: _____

Date of birth ____/____/____ School & Grade in Fall 2021 _____
(Child must be in at least kindergarten in Fall 2021.)

Parent/Guardian Information

Primary Guardian: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Secondary Guardian: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Authorized to Pick Up / Emergency Contact

This is in addition to Primary & Secondary Guardians

ID required for pick up

Name: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Name: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

Name: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Secondary Phone: _____

ONE CHILD PER FORM



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Health Information

I understand that if the child named on these forms is injured during ARTLETICS myself or one of the people listed will be notified by phone. The RACC staff will treat minor injuries such as scrapes, scratches, bug bites, etc. with an on-site First Aid Kit. In cases of extreme emergency, I will be notified by phone, but I authorize the RACC to contact an ambulance and/or proper medical personnel to treat the child as medically necessary.

Health Insurance: _____ Policy/Group #: _____

Physician: _____ Phone Number: _____

Address: _____

Hospital: _____ Phone Number: _____

Please indicate if your child has a history of any of the conditions below.

Hay Fever

Asthma

Food Sensitivity

Diabetes

Epilepsy

Menstruation

Insect Bites

Allergies

Other: _____

Current Medications:

Will your child need to take medications during program? ____ Y ____ N

I understand that if my child needs medication during program, I will be required to provide additional medication consent forms completed by both myself and my child's physician. _____ (Initial)

****All medications are to be stored by RACC Director (Including Emergency Inhalers and Epi-pens) Campers are not able to carry their own medication nor administer it without staff supervision.****

I _____ give permission for the child to participate in Rome Art and Community Center's, Summer Day Camp ARTLETICS. I agree to the rules and guidelines set up by the RACC and the ARTLETICS program instructors as listed in the ARTLETICS Welcome Packet. I will also allow the RACC to use any images or photos taken during this program for publicity purposes. I release the RACC and ARTLETICS personnel from any liability during this program, related to any injury or illness, or any other circumstance that may arise.

Primary Guardian Signature

Date

**** I understand that timely arrival and pickup is dependent upon participation in the Rise-n-Shine session and After-Camp session. If I am late to pick up my child by 15 minutes or more, I will be charged an additional \$25 fee and this could jeopardize my child's continued participation in the sessions.**

Primary Guardian Signature

Date

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Weekly Sign Up (Please circle weeks attending)

Week	Date	Rise-n-Shine	After Camp	Payment must be received by (Friday prior to the next week)
1	June 28 – July 1	Y/N	Y/N	June 25th
2	July 5 – July 8	Y/N	Y/N	July 2nd
3	July 12 – July 15	Y/N	Y/N	July 9th
4	July 19 – July 22	Y/N	Y/N	July 16th
5	July 26 – July 29	Y/N	Y/N	July 23rd
6	Aug 2 – Aug 5	Y/N	Y/N	July 30th
7	Aug 9 – Aug 12	Y/N	Y/N	Aug 6th
8	Aug 17 – Aug 19	Y/N	Y/N	Aug 13th

If payment is not made by due date, child cannot attend the following week's camp.

Rate Category	Rate per Week	Full Program 5% Discount Rate if paid in full by 6/25/21	Rise & Shine Rate per week	After Camp Rate per week
RACC Household Member	\$180	\$1,365	\$20	\$20
Non-Member	\$200	\$1,520	\$20	\$20
Multi-Child Member*	\$150	\$1,140	\$20	\$20
Multi-Child Non-Member*	\$175	\$1,330	\$20	\$20
Tuition Grant**	\$55 - \$85	\$415 - \$645	\$20	\$20

*Multi-Child Rate: The first child is assessed at the single rate, second or more children are assessed at the Multi-Child rate(s).

**See ARTLETICS Tuition Grant Application for qualification details.

Discount Rate for tuition Paid in Full by June 25th.

Number of weeks Regular Camp _____
 Number of weeks Rise & Shine Club _____
 Number of weeks After Camp _____
 Rate per week _____
 Total _____

Payment Method
 Cash Check # _____
 CC _____
 Exp _____ CVC _____
 Signature _____

ONE CHILD PER FORM