



2022 ART INFUSION REGISTRATION

Camper Information

Child's Name: _____ Age: _____

Date of birth ____/____/____ School & Grade in Fall 2021 _____
(Child must be in at least six to attend the program.)

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 Art Infusion 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

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, Art Infusion Camp program. I agree to the rules and guidelines set up by the RACC and the Art Infusion program instructors as listed in the Art Infusion 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 Art Infusion 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

ONE CHILD PER FORM



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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	Feb 21 – Feb 24	Y/N	Y/N	February 18th
2	April 11 – April 14	Y/N	Y/N	April 9th

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

Rate Category	Rate per Week	Full Program 5% Discount Rate if paid in full by 2/18/22	Rise & Shine Rate per week	After Camp Rate per week
RACC Household Member	\$180	\$340	\$20	\$20
Non-Member	\$200	\$380	\$20	\$20
Multi-Child Member*	\$150	\$285	\$20	\$20
Multi-Child Non-Member*	\$175	\$330	\$20	\$20
Tuition Grant**	\$55	\$105	\$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 Art Infusion Tuition Grant Application for qualification details.

Discount Rate for tuition Paid in Full by February 18.

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