



# 2024 ARTLETICS REGISTRATION

## Camper Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School & Grade in Fall 2024 \_\_\_\_\_  
*(Child must be in at least kindergarten in Fall 2024)*

Camper T-shirt size \_\_\_\_\_

## 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  | Behavioral Concerns |
| 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

ONE CHILD PER FORM



# 2024 ARTLETICS REGISTRATION

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	July 1 – July 5	Y/N	Y/N	<b>June 28th</b>
2	July 8 – July 12	Y/N	Y/N	<b>July 5th</b>
3	July 15 – July 19	Y/N	Y/N	<b>July 12th</b>
4	July 22 – July 26	Y/N	Y/N	<b>July 19th</b>
5	July 29 – Aug 2	Y/N	Y/N	<b>July 26th</b>
6	Aug 5 – Aug 9	Y/N	Y/N	<b>August 2nd</b>
7	Aug 12 – Aug 16	Y/N	Y/N	<b>August 9th</b>
8	Aug 19 – Aug 23	Y/N	Y/N	<b>Aug 16th</b>

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

Rate Category	Rate per Week	Paid in Full Program 5% Discount Rate if paid in full by 6/14/23	Rise & Shine Rate per week	After Camp Rate per week
RACC Household Member	\$200	\$1,520	\$25	\$25
Non-Member	\$225	\$1,710	\$25	\$25
Multi-Child Member*	\$175	\$1,330	\$25	\$25
Multi-Child Non-Member*	\$195	\$1,480	\$25	\$25
Tuition Grant**	\$55 - \$85	\$415 - \$645	\$25	\$25

\*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 14<sup>th</sup>.**

Number of weeks Regular Camp _____	<b>Payment Method</b>
Number of weeks Rise & Shine Club _____	Cash    Check # _____
Number of weeks After Camp _____	CC _____
Rate per week _____	Exp _____ CVC _____
Total _____	Signature _____

ONE CHILD PER FORM