



2024 - 25 ART INFUSION REGISTRATION

Camper Information

Child's Name: _____ Age: _____

Date of birth ____/____/____ School & Grade in Fall 2024 _____
(Child must be in at least five 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. 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

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Sign Up (Please circle dates attending)

Week	Date	Cost Reg. Day	Rise-n-Shine Cost	After Camp Cost
Veterans Day	November 11, 2024	\$55	Y/N \$5	Y/N \$5
MLK, Jr. Day	January 20, 2025	\$55	Y/N \$5	Y/N \$5
Lunar New Year	January 29, 2025	\$55	Y/N \$5	Y/N \$5
Feb Vacation	Feb 17 - Feb 21	\$225	Y/N \$25	Y/N \$25
Superintendent				
Day	March 14, 2025	\$55	Y/N \$5	Y/N \$5
April Vacation	April 21 - April 25	\$225	Y/N \$25	Y/N \$25
Memorial Day	May 26, 2025	\$55	Y/N \$5	Y/N \$5
Juneteenth	June 19, 2025	\$55	Y/N \$5	Y/N \$5

If payment is not made by start of camp, child cannot attend that camp.

Rate Category	Weekly Camps (each)	Single Day Camps (each)	Before and After Camp Weekly (each)	Before and After Camp Single Day (each) Rate per week
RACC Household Member	\$200	\$49	\$25	\$5
Multi-Child Member*	\$175	\$41	\$25	\$5
Non-Member	\$225	\$55	\$25	\$5
Multi-Child Non-Member*	\$195	\$46	\$25	\$5
Tuition Grant**	\$55	\$15	\$25	\$5

*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.

Regular Camp payment _____

Payment Method

Rise & Shine Club payment _____

Cash Check # _____

After Camp payment _____

CC _____

Exp _____ CVC _____

Total _____

Signature _____

ONE CHILD PER FORM