



250-212-7594

www.expression.bc.ca

angela@expression.bc.ca

Performing & Visual Arts ~ Summer Program 2010

KAMP KINDESS ~ One of a kind kids ~ Caring through the arts!

CHILD INFORMATION:

Name: _____

DOB: _____ Age: _____

Gender: _____

FAMILY INFORMATION:

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Child resides with: Mother: () Father () Both () Other ()

EMERGENCY AND ALTERNATIVE CONTACT INFORMATION: *Only the persons listed are authorized to pick up your child*

Contact Name: _____ Relationship: _____ Phone Number: _____

Contact Name: _____ Relationship: _____ Phone Number: _____

Contact Name: _____ Relationship: _____ Phone Number: _____

Child Medical Information:

Any allergies /medications/special diet/physical considerations _____

Care Card Number: _____ Physician: _____

Medical Authorization:

In the case of a Medical Incident, we will contact the Parents first, then the Emergency Contact persons in the order presented on the list. In the case of an Emergency, we will contact an ambulance followed by the Parents, then Emergency Contact persons in the order presented on the list.

I _____ understand and agree to the following procedures.

Photo Authorization

I _____ permit my child's photo to be taken and posted during the duration of the program and at other related Expression program events and promotions.

Program Participation Authorizations:

I am aware of the usual risks inherent in participation in all of the activities associated in participation in the Summer Camps, which include but are not limited to:

- (a) Injuries resulting from camp location
- (b) Injuries resulting in participating in simple music, drama and art
- (c) Injuries resulting from physical activities and games

I hereby grant my child _____ permission to participate in Expression Summer Camps and authorize Expression camp leaders to provide or cause to provide such medical services or medical personnel consider appropriate.

Signature of Parent _____

Date _____



Charity Project: Family Resource Centre.

I _____ am aware that five dollars of the registration fee will be donated the a Family Resource Centre.

I _____ am aware that some of the individual and group art project is part of the fundraiser art auction all funds raised will be donated go to Family Resource Centre.

I _____ am aware that performances showcase, may be advertised within the community, entry donation fees go to Family Resource Centre.

Attendance Cancellation Policies:

- **Full refund: 8 weeks** cancellation notice prior to the start date will **receive full refund.**
 - **Half refund: 6 weeks** cancellation notice prior to the start date will **receive half fee refund.**
 - **No Refund:** All cancellation after six weeks will be **non-refundable.**
- Please note: considerations made for emergencies and health situation.

I _____ understand and agree with the attendance policies above.

Camp Program Cancellation Policies:

Camp Cancellation: You will receive notified by phone or email 5 days prior to start date of camp, if the program is cancelled due to low registration.

Full Refund: a full refunds will be issued and mailed to you 5 days after the notification

I _____ agree and understand the camp cancellation policy.

CAMP DATES/AGE	Child Fee	Family Fee per sibling of child	Total payment
CAMP 1 July 5 th to 8 th 9am-3pm Age: 4 - 8	165.00\$	155.00\$	
CAMP 2 July 12 to 15 th 9am-3pm Age: 7 - 11	165.00\$	155.00\$	
CAMP 3 Date to be announced Age: 11 to 14	165.00\$	155.00\$	

Payment & Registration Agreement

- **Complete registration** form for each child in your family
- Include **child name and camp date** in the memo section of **check**
- Make checks payable to **Expression** and must be dated the day the child is registered
- **Mail registration** forms and **check** to Expression **1606 30th St., Vernon, BC V1T 5C3.**

I _____ agree that all of the information above is current and accurate.

Signed _____ Date: _____



250-212-7594

www.expression.bc.ca

angela@expression.bc.ca

Performing & Visual Arts ~ Summer Program 2010

KAMP KINDESS ~ one of a kind kids~ Caring through the arts!

PARENT INFORMATION

TO REGISTER

- 1. Call or/and email to reserve your space**
250- 212-7594 OR angela@expression.bc.ca
- 2. COMPLETER REGIRTRATION FORM**
- 3. MAIL REGISTRATION /PAYMENT TO: Expression** 1606 30th Street, Vernon BC V1T 5C3
- 4. VIEW and PRINT:** www.expression.bc.ca click programs/summer events
- 5. CONFIRMATION:** You will be contacted via email or phone upon receipt of your registration/payment.

IMPORTANT INFORMATION:

CAMP LOCATION: 2607 27th Vernon (St James School)

PARKING: Parking lot access on 28th ave

ENTRANCE: access door at side of the building

ON SITE MOBILE PHONE: 250-212-7594

DAILY REMINDERS

Check in/Check out: sign attendance sheet daily

Lunch/Snack: healthy daily lunch/snack w/ice pack

Water Bottle: bring re-useable labeled water bottle

Clothing: suitable for art/ movement activities

Art shirt: a labeled art shirt

CARING THROUGH THE ARTS PERFORMANCE & ART EXHIBIT :

Thursday 2:00pm (last day of program)
Invite family and friends