



Art Works Now Summer Camp Required Forms

Please fill out the forms below to complete your child's summer camp registration.

Fill out one form per child.

These forms must be turned in before your child can attend camp.

If your camper has a health conditions including: physical, psychiatric, behavioral, requires medications administer, has dietary restrictions, allergies, or special needs you may be required to complete additional forms.

Once you have completed the forms below please submit them to Art Works Now by any of the following methods:

- Dropping off a printed copy in person.
- E-mailing a scanned copy to juliana@artworksnow.org
- Mailing a printed copy to Art Works Now at 4800 Rhode Island Ave, Hyattsville MD 20781

If you have not submitted these forms your child will not be eligible to attend camp until they are completed.

If you have any questions please e-mail juliana@artworksnow.org or call 301-454-0808.

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

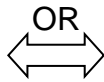
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

OFF-SITE ACTIVITY PERMISSION SLIP

My child _____ has my permission to be transported by the teachers and staff of Art Works Now to the following activities and places:

- From Art Works Now Facility via walking and/or bus to:
- Neighborhood Parks
- Neighboring business like Pizzeria Paradiso, Pyramid Atlantic, Vigilante Coffee, Tanglewood.
- Hyattsville Municipal Building or Hyattsville Elementary School in the case of an emergency resulting in facility evacuation.

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Date:
