

*Your Arts & Performance Center*

[*www.NCAuditorium.com*](http://www.NCAuditorium.com) *(828) 464-8100*

**Summer Camp 2019: June 17th - June 21st or July 22-26**

**Registration Form**

**Choose Week (***Check One):\_\_\_* **June 17-21 or \_\_\_\_ July 22-26**

 **\_\_\_\_Half Day** (*9am-12pm)* **or \_\_\_\_Full Day** *(9am-3pm)*

**Camper Information:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_**

 (First) (Middle) (Last)

**Rising Grade: \_\_\_\_\_\_\_\_\_\_** **Gender: M/F**

**Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Information:**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_** (if different from child’s)

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_**

(If different from child’s)

**Other Contacts:** **Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parent/guardians above cannot be reached, the facility has permission to contact the following individuals.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relationship) (Phone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relationship) (Phone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relationship) (Phone Number)

**EMERGENCY CONTACTS AND EMERGENCY MEDICAL INFORMATION**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical Care Information:**

**Health Care Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Care Needs:**

List any allergies, symptoms and type of response required for allergic reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List any health care needs or concerns, symptoms of and type of response for these for these health care needs or concerns: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List any type of medication taken for health care needs: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Share any other information that has a direct bearing on assuring safe medical treatment for your child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Camp Dates: June 17th - June 21st**

**Drop Off and Pick Up**

**Drop off will begin at 8:30 am until 8:55 am.**

**Pickup will begin at 3:05pm and end at 3:30pm**

**Summer camp will begin at 9:00am and end at 3:00pm**

* **Full Day campers will participate in art and music classes at 9am until noon, have an hour lunch, and then resume with special themed classes at 1:00pm until end of the day.**
* **Half Day campers will attend from 9 am until noon, then be picked up before lunch.**

**Full day campers need to bring a bag lunch and beverage.**

**Full Day Camp Cost per Child- $150**

 **Full Day Camp Cost Sibling- $140**

**Half Day Camp Cost per Child- $85**

**Half Day Camp Cost Sibling- $75**

**No registration fee**

 **AGREEMENT:** I, as the parent/guardian, authorize the Newton-Conover Auditorium to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Camp Schedule:

**Monday, 6/17-** 9:00 am – 12:00 pm Music & Art

12:00 pm – 1:00 pm Lunch

1:00 pm – 3:00 pm Gingerbread House Building Challenge

**Tuesday, 6/18-** 9:00 am – 12:00 pm Music & Art

12:00 pm – 1:00 pm Lunch

1:00 pm – 3:00 pm The Wizarding World of Harry Potter: Spells, Potions, & Magic

**Wednesday, 6/19-** 9:00 am – 12:00 pm Music & Art

12:00 pm – 1:00 pm Lunch

1:00 pm – 3:00 pm Movie Day in our Auditorium

**Thursday, 6/20-** 9:00 am – 12:00 pm Music & Art

12:00 pm – 1:00 pm Lunch

1:00 pm – 3:00 pm Masterpiece Canvas Painting

**Friday, 6/21-** 9:00 am – 12:00 pm Music & Art

12:00 pm – 1:00 pm Lunch

1:00 pm – 3:00 pm Inventor Workshop