

SNOW POND ARTS CAMPS REGISTRATION FORM

CHILD'S LAST NAME:		FIRST NAME:		MI:		IS YOUR CHILD CURRENTLY ENROLLED IN THE SNOW POND ENRICHMENT AFTER SCHOOL PROGRAM?		PLEASE CIRCLE ONE:	
								YES	NO
HOME ADDRESS:			CITY			STATE		ZIP CODE	
DATE OF BIRTH	GRADE IN FALL:	SCHOOL:	FOR OFFICE USE ONLY:	DATE:	CHECK:	AMOUNT:			
PARENT GUARDIAN/MOTHER:		PRIMARY RESIDENT Y or N		HOME TELEPHONE #:	WORK TELEPHONE #:	CELL #:			
HOME ADDRESS:			CITY			STATE		ZIP CODE	
EMAIL ADDRESS:				SOCIAL SECURITY NUMBER:					
WORK NAME & ADDRESS (OR WHEN YOU CAN BE REACHED WHILE CHILD IS IN THE ARTS PROGRAM)									
PARENT GUARDIAN/FATHER:		PRIMARY RESIDENT Y or N		HOME TELEPHONE #:	WORK TELEPHONE #:	CELL #:			
HOME ADDRESS:			CITY			STATE		ZIP CODE	
EMAIL ADDRESS:				SOCIAL SECURITY NUMBER:					
WORK NAME & ADDRESS (OR WHEN YOU CAN BE REACHED WHILE CHILD IS IN THE ARTS PROGRAM)									
FEB & APRIL VACATION WEEKS: \$125 for 1/2 Day and \$150 for Whole Day * SUMMER PERFORMANCE & FINE ARTS CAMP June 24-28: \$195/WEEK * SUMMER HALF-DAY CAMPS: \$125/WEEK * \$50 DEPOSIT FEE TO BE PAID 1 MONTH BEFORE CAMP/REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL WEEK(S) for CHILD (REN) HAVE BEEN PAID					NO DAILY RATES/NO SECOND CHILD DISCOUNTS/NO EXCEPTIONS				
EMERGENCY CONTACTS									
We make every effort to notify parents first unless otherwise specified. Please make sure that you list people who are likely to be reached during the hours that your child will be here and will be able to pick them up if necessary."									
NAME:		ADDRESS:				TELEPHONE NUMBER:			
RELATIONSHIP:						HOME:			
						WORK:			
						CELL:			
NAME:		ADDRESS:				TELEPHONE NUMBER:			
RELATIONSHIP:						HOME:			
						WORK:			
						CELL:			
PICK UP AUTHORIZATION									
I, _____, (parent/guardian) give permission for the following people to pick up my child (ren) _____ from the Snow Pond Arts Camp. I will notify the Program Director if there are any modifications to this list, and understand that any of the staff have a right to ask for identification for any person picking up. The only person(s) allowed to pick up my child(ren) from the program are:									
Name:					Phone:				
Name:					Phone:				
Name:					Phone:				
Name:					Phone:				
_____ Initials	If the staff of the Snow Pond Arts Camp feel that the person(s) picking up your child(ren) is under the influence of drugs, or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand this policy.								
PHOTO RELEASE									
I hereby irrevocably consent to and authorize the use and reproduction by the Arts Program or the Snow Pond Center for the Arts, [hereafter AP, and SPCA] of any and all photographs which may be taken by or for AP or SPCA during the participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of AP and SPCA, solely, and completely. _____ Parents Initials									
IS THERE ANYONE THAT YOU WOULD LIKE TO HAVE YOU CHILD GROUPED WITH:									
Understand that we will do or best to group people together but can not guaranteed placement									

If your child has an active Individualized Educational (I.E.P) or Behavioral Plan please contact the Program Director

PARENT SIGNATURE: _____ DATE: _____

For more information please contact the Director Jen Birch at 844-476-6976 ext. 401 or jen.birch@snowpond.org

MAKE CHECKS PAYABLE TO: SNOW POND COMMUNITY MUSIC SCHOOL with ARTS CAMP in MEMO to 8 Goldenrod Lane, Sidney ME 04330

PLEASE RETURN ALL REGISTRATION FORMS TO: SNOW POND SUMMER ARTS PROGRAM SIDNEY, ME 04330

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MEDICAL INFORMATION **

Has your child ever been hospitalized: _____ If YES, please explain: _____
Does your child take medication: _____ If YES, Please list medication and dosages: _____

Allergies (food, bee stings, asthma, medications, etc.): _____
Date of your child's last tetanus shot: _____

In case of emergency, my child may be treated at _____ Maine General Medical Center . _____ Inland Hospital

****IMPORTANT:** Medications can only be administered to a child in the prescription bottle with the physician's name, dosage, etc. We would ask that any medications that your child be administered at home, but in the case that a dosage is needed to be taken you must fill out a form, available on request from the Director, and be must be filled out before any medications can be taken.

EMERGENCY PROCEDURES

In case of emergency, illness, or accident to your child, while in attendance at the Snow Pond Arts Camp I prefer the following procedure to take place:
() CONTACT the mother/guardian at: _____ Phone: _____
() CONTACT the father/guardian at: _____ Phone: _____
() CONTACT the family doctor: _____ Phone: _____
() CONTACT the family dentist: _____ Phone: _____
() Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital of my choice in an emergency situation
() Please list any other instruction you wish: _____

CONSENT

If emergency medical care is deemed necessary and I those listed above cannot be contacted by telephone, I authorize the Snow Pond Arts Camp to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for any/all costs of medical attention and treatment.

SIGNATURE: _____ DATE: _____

DISCIPLINE & DISMISSAL POLICY

Snow Pond Arts Camps Discipline & Dismissal Policy is stated in the Parent Handbook. We have reviewed this policy and understand that the Snow Pond Arts Camp will take necessary disciplinary actions regarding all inappropriate behavior and will strictly follow the discipline policy.
_____ Initials I have read and understood the discipline policy in the Snow Pond Arts Parent Handbook.

BULLYING POLICY

_____ Initials I have read and understand the bullying policy in the Snow Pond Arts Camp Parent Handbook.

PICK UP POLICY

_____ Initials I understand that I am required to pick up my child for behavior, illness, lice, or bathroom accidents. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. Also pick up time is 5:30, and children should be picked up promptly. Children whose parents are late as a habit may be subject to a fee and may not be able to return if the fee is not paid.

LOST & FOUND

_____ Initials I understand that Snow Pond Center for the Arts, New England Music Camp, and/or Snow Pond Arts Camp are not responsible for any items which may be lost or stolen.

SWIM POLICY

_____ Initials YES I would like to allow my child to participate in swim, weather permitting. I have read and understand the bullying policy in the Snow Pond Arts Camp Parent Handbook. My child's swim level is: _____ Beginner _____ Intermediate/Good _____ Advanced

CHILD ABUSE & NEGLECT POLICY

_____ Initials The Snow Pond Arts Camp is a licensed program through the State of Maine, Department of Health & Human Services, which means we are a mandated reporting program and are required to report any suspected cases of child abuse or neglect. Information reported is considered strictly confidential.

TECHNOLOGY POLICY

_____ Initials At times the children that attend the Arts Program will be using the internet, and in order to make sure that dangers are avoided it is important to the guideline that have been defined in the Parent Handbook. Parent and children are required to review the guidelines, and then provide consent for their child to view and/or use the network. Any misuses of the computer and/or internet are subject to revoking their privileges.

SURVEYS

_____ Initials As Snow Pond Arts Camp applies for grants, and other programs, it is important to collect data in order to use the information to keep costs as low as possible for our program. All data is confidential and helps to improve our program. By initializing here I understand that my child may be filling out information for the program.

PARENT HANDBOOK

_____ Initials I have read the parent handbook and gone over any pertinent information that my child needs to know for the program.

REFUND POLICY

_____ Initials Program fees are non-refundable if we receive notification later than two weeks prior to the start of the session. Children who are dismissed from the program will not receive a refund.

BENEFITS ELIGIBILITY

Are you eligible for: ASPIRE CHILDCARE OPTIONS RESPITE If so please fill in the information below:

Case worker Name: _____ Case worker Phone: _____

Do we have permission to contact your caseworker?

Your Name: _____ TANF# _____

Child's Name: _____ TANF# _____

I, _____ give the Snow Pond Arts Camp staff permission to check with the state to see if I am enrolled in any programs that may help fund childcare for my child. We do not accept ASPIRE cards.

PARENT SIGNATURE: _____

DATE: _____

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2019

	WEEK	DATE	TIME	CAMP	PRICE	x # of Kids	TOTAL for WEEK
FEBRUARY VACATION WEEK	1	Feb. 18-22, 2019	8:30-5:30	MUSIC IN THE MORNING/ARTS IN THE AFTERNOON	125 for 1/2 Day 150 for Whole Day		
APRIL VACATION WEEK	2	April 15-19, 2019	8:30-5:30	MUSIC IN THE MORNING/ARTS IN THE AFTERNOON	125 for 1/2 Day 150 for Whole Day		
PERFORMING & FINE ARTS CAMP	3	June 24-28	8:30-5:30	TBA	\$195		
THEATER & CART CAMP	4	July 8-12	1-5:30	TBA	\$125		
MUSIC & ART CAMP	5	July 15-19	1-5:30	TBA	\$125		
THEATER & CART CAMP	6	July 22-26	1-5:30	TBA	\$125		
MUSIC & ART CAMP	7	July 29-Aug 2	1-5:30	TBA	\$125		
THEATER & CART CAMP	8	Aug 5-9	1-5:30	TBA	\$125		

PAYMENT AGREEMENT:

I understand that the non-refundable deposit is required for each child and must be included with the completed registration form(s). The cancellation policy requires that cancellation requests be made at least 3 weeks prior to the start of the session to qualify for a refund of the balance of the tuition for that session. I understand that any cancellation of less than 3 weeks notice is subject to a refund according to the requirements of the cancellation policy in this brochure. If a camp session is canceled by the Snow Pond Arts Camp, a full tuition refund will be made. All programs and additional fees must be paid according to this brochure. I understand that my child will not be allowed to attend any session of camp for

A third party organization (Department of Health and Human Services, etc) will be paying all or part of my child's tuition. I have enclosed written authorization from the provider listed below indicating that my child's tuition allocation has been approved. I have enclosed the \$50 per session deposit and the membership fee. Once Snow Pond Arts Camp is paid in full by the organization or individual listed below my deposit will be refunded.

Name of organization: _____ City, State Zip: _____
 Address: _____
 Contact person: _____
 Phone: _____
 Parent/Guardian Signature _____ Date _____

I would like to apply for a scholarship. I have enclosed the required \$50 per session deposit and registration fee and my COMPLETED scholarship application. Scholarship application deadline is May 18th, 2018; we will not accept scholarship applications after this date. NOTE: Scholarships are determined by need. Only completed applications will be considered. Scholarship funding is dependent on the generosity of our donors and fundraisers. The total amount available for allocation will not be determined until early June 2018.

Total Due for Programs	\$ _____
Financial Aid	\$ _____
Multiple week discount	\$ _____
Rideshare Discount	\$ _____
Total for Summer 2018	\$ _____
Deposit (\$50 per week/perchild)	\$ _____
Remaining Balance	\$ _____

ACTIVITIES INCLUDE (BUT ARE NOT LIMITED TO):

Music, Theatre, Arts, Crafts, Outside Play, Games, & Free Play

INFORMATION YOU NEED TO KNOW:

If you child is here for a full day program a morning and afternoon snack are provided. A bagged lunch is needed since we do not provide lunch and please no microwave items.

- WHAT TO BRING:** Extra Snacks (please no peanut products) Sunscreen if summer (no sprays) Prescription medicine (parental permission slip required) Sweatshirt Bathing suit, towel (if applicable), (hair elastic for those with long hair) Personal belongings such as handheld electronic devices and other toys must be left at home. Backpack for personal items—children may need to hold on to their own belongings. Please place your child's name on all belongings.
- WHAT TO WEAR:** Sneakers Shorts & t-shirts (if applicable) **OR WINTER GEAR FOR OUTSIDE REC**
 *no items promoting alcohol, cigarettes or other inappropriate items will be tolerated at camp

**All accounts MUST be kept up-to-date in order to register for the vacation program!
 If you have any questions, please call 877-476-6976 ext 401
 * Space is limited and registration is on a first come, first serve basis.**

SNOW POND ARTS CAMP RESERVES THE RIGHT TO CANCEL OR CONSOLIDATE WEEKS BASED ON LOW ENROLLMENT

For more information please contact the Director Jen Birch at 844-476-6976 ext. 401 or jen.birch@snowpond.org

WHERE DID YOU HEAR ABOUT OUR PROGRAM?: _____

SNOW POND ARTS CAMP AGREEMENT AND ASSUMPTION OF RISK FORM

I, _____ (Parent's Initials), acknowledge and give permission for the Recreation and/or Participation in all activities described in this form and in which my child is participating, under the arrangements of the Snow Pond Center for the Arts and/or Snow Pond Arts Camp [hereinafter SPCA and/or AC].

I, _____ (Parent's Initials), acknowledge that there are certain risks and dangers present which are inherent in the activities. I also agree that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. I am aware that during the Recreation and/or Participation in all activities in which my child is participating under the arrangements of SPCA and/or AC, which includes but is not limited to target sports, swimming, hiking, group challenges, canoeing, team sports and games, wilderness skills, outdoor experiences, that the inherent risks and dangers include but are not limited to: hazards of falling debris, burns, falls or slips while walking, hiking, or climbing on terrain that is not improved, drowning, and equipment failure.

I also agree that there are unanticipated risks and that both the inherent and unanticipated risks could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I also acknowledge that some risks are increased as a result of my child's physical condition and that these risks may not be known to APCA and/or AC. By its very nature camp is situated on terrain that may include undulations, tree roots, rocks and other characteristics that make mobility more difficult. SPCA and/or AC therefore strongly suggests that guests take extra care when walking across our campus. SPCA and/or AC also suggests that sturdy walking shoes be worn. Failure to follow these instructions will increase your risk of injury. SPCA and/or AC also asks that you share this information with any guests who may be at camp with you. My child's participation in this Recreation and/or Participation in all activities is purely voluntary, and I elect to have my child participate in spite of the risks. In consideration of and as part payment for the right to participate in such Recreation and/or Participation in all activities arranged for me and my child by _____, I have and do hereby assume all of the above hazards and other related risks which may be encountered on said Recreation and/or Participation in all activities including activities preliminary and subsequent thereto.

I, the undersigned, hereby agree to release, indemnify, discharge and hold harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from, or in connection with my child's participation in Recreation and/or Participation in all activities, which includes but is not limited to target sports, swimming, hiking, group challenges, canoeing, team sports and games, wilderness skills, and other outdoor experiences related thereto conducted by SPCA and/or AC, its directors, agents, employees, and associates whether paid or volunteer staff. I am doing so on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate, and acknowledge that I am assuming the risks associated with Recreation and/or Participation in any other activities.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this Recreation and/or Participation in any other activities shall be resolved exclusively by binding arbitration in Maine, Kennebec County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Maine unless SPCA and/or AC, in its sole discretion, selects a different forum. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable. Each term and provision of this agreement shall be valid and enforceable to the fullest extent permitted by law and any invalid, illegal or unenforceable term or provision shall be deemed replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of the invalid, illegal or unenforceable term or provision. This is a legally binding document, which I have read and understand.

_____ Printed name of Participant (CAMPER) PARENT OR LEGAL GUARDIAN

PERMISSION FOR MINORS I hereby certify that I am the parent or the court-approved legal guardian of the minor who is named above. I hereby grant such minor permission to participate in the Recreation and/or Participation in all activities provided by SPCA and/or AC, and in such minor's behalf, I hereby agree to all of the terms of the CAMPER PARTICIPATION AGREEMENT AND ASSUMPTION OF RISK FORM printed above.

Signature of Parent/Guardian of Minor

Date