

KIDS Interession ARTS CAMPS & AFTERNOON ADVENTURES

Fall Interession Camps PROGRAM DESCRIPTION September 21 - October 9

These camps are designed for students ages 5 to 12 years and offer flexible daily or weekly schedule to accommodate year-round and traditional school breaks. Camp runs from 9:00 AM to 2:00 PM. Drop-off begins at 8:00 AM. For full day programs, add the Afternoon Adventures program, which runs from 2:00 – 5:30 PM. Students ages 14 and older are eligible to volunteer. Call (919) 560-2726 for more information. *DAC provides a nutritious snack, but campers must bring their own brown bag lunch.

Day Camp PROGRAM DESCRIPTION

(9:00 AM – 2:00 PM, drop-off begins at 8:00 AM)

Celebrations from Around the World!

Fall is a time of many celebrations both in the United States and throughout the world. Each day you will explore a different holiday, create your own gifts to give, and learn about the dances, literature and theatre people create to celebrate holidays.

Cost per Session

Weekly Price: \$130

Daily Price: \$30

Afternoon Adventures PROGRAM DESCRIPTION

(2:00 PM – 5:30 PM, Ages 6-12)

Explore the culture of Durham! The Afternoon Adventures program will take you to various destinations throughout Durham including museums, theaters and more! Afternoon Adventures also invite performers to the Durham Arts Council to teach you about life as an artist. Then, create projects inspired by the artists you meet and artwork you see.

Cost per Session

Weekly Price: \$90

Daily Price: \$20



PLEASE TYPE OR PRINT

CHILD 1

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Medical Conditions/Special Needs _____

Who will pick up your child from camp? _____

List all allergies, medications _____
**including behavior medications that your child is taking*

If DAC will administer any medications you must provide the medication along with a signed letter detailing your instructions.
*** Let us know if there are any changes to your child's medication through out the camp!**

CHILD 2

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Medical Conditions/Special Needs _____

Who will pick up your child from camp? _____

List all allergies, medications _____
**including behavior medications that your child is taking*

If DAC will administer any medications you must provide the medication along with a signed letter detailing your instructions.
*** Let us know if there are any changes to your child's medication through out the camp!**

PICK UP

Who will pick up your child from camp? **(Circle all that apply)** Mom/Guardian, Dad/Guardian

Pick up other than Parents/Guardian:

Name _____	Phone (H) _____	(C) _____
Name _____	Phone (H) _____	(C) _____
Name _____	Phone (H) _____	(C) _____

EMERGENCY

For immediate questions/emergencies: **(Circle all that apply)** Mom/Guardian, Dad/Guardian, Other

If other please provide the following:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Doctor's Name _____ Phone _____

Health Insurance Carrier _____ Policy# _____

Any other necessary information: _____

PARENT INFO

Mother/Guardian's _____

Phone (H) _____ (W) _____ (C) _____

Father's/Guardian's _____

Phone (H) _____ (W) _____ (C) _____

Email (Mom) _____ (Father) _____

Any other additional information: _____

List Camper(s) name(s)	Age	WEEK 1 SEPTEMBER 21-25 <i>(CIRCLE)</i>	WEEK 2 SEPTEMBER 28- OCTOBER 2 <i>(CIRCLE)</i>	WEEK 3 OCTOBER 5-9 <i>(CIRCLE)</i>	Afternoon Adventures <i>(CIRCLE)</i>	PRICE
		FULL WEEK	FULL WEEK	FULL WEEK	FULL WEEK 1 2 3	
		FULL WEEK	FULL WEEK	FULL WEEK	FULL WEEK 1 2 3	
		FULL WEEK	FULL WEEK	FULL WEEK	FULL WEEK 1 2 3	
TOTAL						

List Camper(s) name(s)	Age	WEEK 1 <i>(CIRCLE)</i>	WEEK 2 <i>(CIRCLE)</i>	WEEK 3 <i>(CIRCLE)</i>	Afternoon Adventures <i>(CIRCLE)</i>	PRICE
		DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS 1 2 3 4 5	
		DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS 1 2 3 4 5	
		DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS: 1 2 3 4 5	DAYS 1 2 3 4 5	
*For whole week circle all 5 numbers						TOTAL

CHECKS: Please make checks payable to Durham Arts Council Inc. *\$30 fee will be charged for all returned checks and registration will be removed*

CREDIT: Visa MasterCard

CARD NUMBER: _____ - _____ - _____ - _____ EXPIRATION DATE: _____

PRINTED NAME ON CARD _____ CARDHOLDER SIGNATURE _____

INSTALLMENTS: *You must fill this out:* I will pay my fee(s) in two equal installments of \$ _____ each. The first payment is due upon registration & the second is due *two weeks* before my child's first session. I understand that I am obligated to pay the course fee regardless of my child's attendance & that refunds are subject to the terms outlined in the Summer Arts Policy. *(A credit card must be used for multiple payments. We will automatically charge your second payment two weeks before the first session).*

SUMMER ARTS REFUND POLICY: Parents who need to withdraw their child/children from Creative Kids, Summer Arts, Afternoon Adventures, or Mini Camp should contact DAC Education Office in writing at least *2 weeks before* session begins. You will receive a refund, less \$30 service charge per camp per session. These are the only circumstances in which DAC gives cash refunds. DAC will transfer your child to a later session only if space is available. Mail-in Registrations will be recorded by date of receipt. You may mail-in, drop-off or fax (919)560.2725 registrations. For more information please call (919)560.2726.

WAIVER OF LIABILITY: Durham Arts Council, Inc. occasionally takes photographs of classes/camps for use in DAC publicity. In consideration for Durham Arts Council, Inc. making summer camp programs available to my child I hereby release Durham Arts Council Inc., its employees, volunteers and agents from any and all liability, cost/expense associated with any injury or illness my child may sustain while participating in any of the summer programs. In case I cannot be reached in an emergency, I give my permission to Durham Arts Council, Inc. to call for Emergency Medical Services (911) and/or to select a physician to secure proper treatment for my child.

Signature of Parent or Legal Guardian _____ **Date** _____

PAYMENT INFORMATION