

DAC INTERSESSION CAMPS

# KIDS Interession ARTS CAMPS & AFTERNOON ADVENTURES

## WINTER INTERSESSION ART CAMP!

January 4 - 8, 2010

These camps are designed for students ages 5 to 12 years and offer a 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 run from 2:00 – 5:30 PM. Student ages 14 and older are eligible to volunteer. Call (919) 560-2726 for more information. DAC provides a fresh fruit snack. If your camper has food allergies to fruit, please pack a snack. Please pack your campers a brown bag lunch (no refrigerator available).

## WINTER WONDERLANDS DAY CAMP

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

Discover the beauty of winter by creating your own dances, poems and artworks inspired by winter! Create wintry landscapes and fur covered animals you observe outside, as well as from your imagination! Projects will include both hands on 2-D and 3-D, as well as dance and theater workshops.

### Cost per Session

Weekly Price: \$130 (\$120 per additional sibling)

Daily Price: \$30

## Afternoon Adventures

(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 (\$85 per additional sibling)

Daily Price: \$20



# INTERSESSION CAMPS REGISTRATION - ONLINE REGISTRATON NOW AVAILABLE

CHILD 1

PLEASE TYPE OR PRINT

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: \_\_\_\_\_

# INTERSESSION CAMPS REGISTRATION - ONLINE REGISTRATON NOW AVAILABLE

CLIP OR COPY THIS

List Camper(s) name(s)	AGE	CIRCLE FOR FULL WEEK	Afternoon Adventures <b>(CIRCLE)</b>	PRICE
		<b>FULL WEEK</b>	<b>FULL WEEK</b>	
		<b>FULL WEEK</b>	<b>FULL WEEK</b>	
		<b>FULL WEEK</b>	<b>FULL WEEK</b>	
<b>TOTAL</b>				

List Camper(s) name(s)	AGE	CIRCLE FOR DAILY	Afternoon Adventures <b>(CIRCLE)</b>	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	
<b>TOTAL</b>				

\*For whole week circle all 5 numbers

**PAYMENT INFORMATION**

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