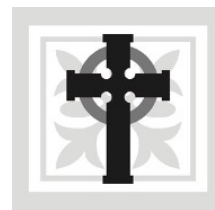


GRADES K thru 6

REGISTRATION FOR  
**Art Camp**

**AUGUST 12, 13 + 14**  
**6:00 – 8:00pm**



Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Grade Just Completed \_\_\_\_\_

Address \_\_\_\_\_

Phone / Cell # ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and # \_\_\_\_\_

Allergies / Other conditions we should be aware of?

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

I, the undersigned parent/guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of Kirkpatrick Memorial Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention if needed while involved in the activities connected with Kirkpatrick Memorial Presbyterian Church's children's programs when I or my emergency contact is unavailable to give such consent. **Please do not send your child to camp if he/she has been ill during the past 24-48 hours.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO CAMPERS!**

- . Bring a water bottle to keep you hydrated
- . Wear clothes than can get paint or other art materials on them (or bring an apron)
- . We look forward to having creative fun with you!

Return this form by mail to **KMPC, PO Box 560, Ringoes, NJ 08551**  
Questions? email [admin@kirkpatrickchurch.org](mailto:admin@kirkpatrickchurch.org) or call **908.782.1177**