



Registration Form ~ 2010 Peters Valley Creative Kids Art Camp

Fill out **Registration** and **Release Form** and mail to:
Peters Valley, 19 Kuhn Rd., Layton, NJ 07851 or fax it to (973)948-0011
For more information e-mail info@petersvalley.org or call (973)948-5200

Child's Full Name _____

Child's Age _____ Child is entering grade _____

Parent/Guardian Information:

Full Name(s) _____

Mailing Address _____ City _____ State ____ Zip _____

Email Address _____

Home Phone _____ - _____ - _____ Mobile/Cell _____ - _____ - _____

Work Phone _____ - _____ - _____ Ext. _____ Other Phone _____ - _____ - _____

Check as many sessions as applicable:

- X ___ Children ~ Session 1 (July 5 – 9, 2010)
- X ___ Children ~ Session 2 (July 12 – 16, 2010)
- X ___ Children ~ Session 3 (July 19 – 23, 2010)
- X ___ Children ~ Session 4 (July 26 – 30, 2010)
- X ___ Children ~ Session 5 (August 2 – 6, 2010)
- X ___ Children ~ Session 6 (August 9 - 13, 2010)

Cost:

- \$175 First Session
- \$160 Additional Weeks
- \$15 Off Sibling Registration
- \$TBD After Care from 3pm – 6pm

We encourage early registration (at least two weeks prior to the start of the session).
If you cancel 14 days or more in advance of the start of the session, you will be refunded all money paid minus a \$25 cancellation fee. There will be no refunds given after that time
PAYMENT DUE AT TIME OF REGISTRATION!

First Child

First Session \$175.00

Of addition sessions x \$160* \$ _____

Sibling(s)

Siblings _____ x \$160** First session .. \$ _____

Siblings x \$145*** for each additional session...
\$ _____

Yes, I will require aftercare (3-6pm) .. \$ TBD

Total Amount due\$ _____

Payment information

Enclosed is a check made payable to
Peters Valley Craft Center

Credit Card Payment (circle one):

Visa Amex Disc MC

Cardholder's Name:

Card #:

Expiration Date: ____/____/____

(we will call you for the security code before processing)

*discounted cost of sessions following 1st session
 **discounted cost of sibling 1st session (\$175 - \$15)
 ***discounted cost of sibling sessions following 1st session



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INFORMATION FOR MEDICAL EMERGENCY *Please fill out a separate form for each child*

Student Name _____

DATE ____/____/2010

Emergency Contact #1:

Full Name _____

Relation to Student _____

Home Phone ____ - ____ - ____ Mobile/Cell ____ - ____ - ____

Work Phone ____ - ____ - ____ Ext. ____ Other Phone ____ - ____ - ____

Emergency Contact #2:

Full Name _____

Relation to Student _____

Home Phone ____ - ____ - ____ Mobile/Cell ____ - ____ - ____

Work Phone ____ - ____ - ____ Ext. ____ Other Phone ____ - ____ - ____

Student health information:

Physician Name _____

Physician Phone ____ - ____ - ____

Allergies _____ Medications _____

Please list/explain Special Needs

Release and Consent:

I hereby agree to indemnify and hold harmless Peters Valley Craft Center (Peters Valley) and its employees against any and all claims for personal injuries or damages of any kind arising from participation in Peters Valley's programs. Further, I authorize Peters Valley staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by Peters Valley staff to contact the emergency contact person in the event of a medical emergency, and I agree to indemnify and hold harmless Peters Valley personnel in seeking medical care for my child.

_____ I understand that Peters Valley may be taking photographs during the session for promotional use (initial) that may include my child.

Parent/Guardian Signature: _____ Date: ____ / ____ / 2010