

Ohr-O'Keefe Museum of Art Holiday Art Camp 2024 Enrollment Application

Are you looking for engaging activities to keep your child busy during the holiday break? Join us at the Ohr-O'Keefe Museum of Art for our holiday themed art camp! Campers will participate in a variety of fun and festive projects, perfect for getting into the holiday spirit.

Holiday Art Camp Information: Holiday Art Camp is designed for children ages 6 and older; children ages 5 and under will not be admitted. Proof of age is required. Campers must pack a lunch and snack every day to eat during supervised breaks. Registration is on a first-come, first-served basis. Space is limited; please sign up well in advance.

Full payment per child must be included with this application. All materials and instruction are covered in the class fee. Students should pack a snack and lunch for each day and wear art appropriate clothing. We ask that all electronic games, cell phones, and iPads be kept in a bag or backpack throughout class time.

How did you hear about the Holiday Art Camp?

- Email
- Website
- Social Media
- Radio
- Other _____

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ School Child Attends: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Are you attending a full week or half week session?

_____ Full week Session - \$225 non-members and 10% off for members

_____ Full week Session - \$135 non-members and 10% off for members

Paying with Credit Card _____ Check enclosed _____

If you are attending for a half week, what days do you plan to come? _____

Ohr-O'Keefe Museum Member? Yes / No (circle one)

*The people listed below are automatically authorized to retrieve your child from the Museum, with photo ID. They are the ONLY people authorized to retrieve your child

*All persons picking up a child **must show a valid photo ID at pick-up each day.**

***Any unnamed spouses, guardians, step-parents, or partners will not be allowed to retrieve campers from camp.**

Guardian 1: _____

RELATIONSHIP: _____ PHONE: _____

Guardian 2: _____

RELATIONSHIP: _____ PHONE: _____

Guardian 3: _____

RELATIONSHIP: _____ PHONE: _____

Please list any special information concerning your child's growth and development, any special needs and/or food allergies:

CARE AGREEMENT:

The facility has my permission to obtain emergency medical treatment for my child. **Yes/No**

Parent will be notified prior to treatment if possible. **Yes/No**

If NO, list instructions: _____

Name/Location of physician: _____ **Phone:** _____

Please list 2 contacts **other than parent/guardian** to contact in case of emergency:

1. **Name:** _____ **Phone:** _____ **Relationship:** _____

2. **Name:** _____ **Phone:** _____ **Relationship:** _____

PHOTOGRAPHY PERMISSION:

My child may be photographed/videotaped at the facility: **Yes/No** My child may be photographed/videotaped by the media: **Yes/No**

I have reviewed information concerning the facility's policies and procedures listed below and available at the website www.georgeohr.org

Signature of parent or guardian: _____ Date: _____