

Miss Madde's Art Camp 2008  
Registration

Session#(s) \_\_\_\_\_  
Check # \_\_\_\_\_  
Payment \_\_\_\_\_  
Date \_\_\_\_\_

Please complete this form. Application will not be processed without complete information. Please print. Checks should be made payable to Kneseth Israel Daycare.

Camper 1 \_\_\_\_\_ Date of birth \_\_\_\_\_

Camper 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother's name \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father's name \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_

*Please advise us of custody arrangements if separated/divorced.*

The following persons are allowed to pick up my child and/or may be called in case of an emergency if I am unable to be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Need Aftercare? \_\_\_\_\_ An aftercare program directly after art camp with MORE art & MORE fun, \$8.00 per hour. Bring a bagged lunch. Non-Refundable Registration fee \$35.00 to hold session.

Ms. Madde's Art Camp 2008  
1125 Spa and Hilltop  
Annapolis, Maryland 21403

Camper's Name \_\_\_\_\_

Medical Information

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies \_\_\_\_\_

Is there any special health information that we should know about your child? \_\_\_\_\_

**\*State law mandates that a copy of your child's inoculation be included with this form. Application cannot be accepted otherwise.**

In case of an emergency, I understand that every effort will be made to contact the parent/guardian of my child. In the event that I can not be reached, I hereby authorize emergency medical care for my child during attendance at Miss Maddie's (Kneseth Israel's Camp) Art Camp. I understand that I am financially responsible for any expense for medical care of transportation incurred on my child's behalf. I hereby release the art camp and its employees from any responsibility for injuries during my child's participation in Miss Maddie's Art camp program.

Parent(s) printed name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_ email address \_\_\_\_\_