

Registration Form

Camper's Name: _____

Grade completed by June 2022
Circle one: 1st, 2nd, 3rd, 4th, 5th, 6th.

Student's Age: _____

Address: _____

City: _____ Zip: _____

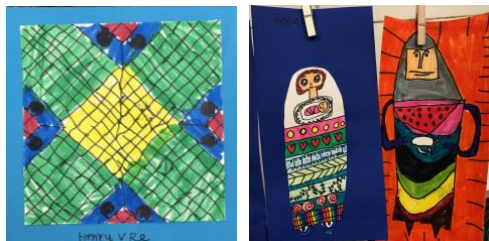
Email: **Please print clearly.** ☺

Parent/Guardian Name: _____

Phone: _____

Parent/Guardian Name: _____

Phone: _____



List the full names below of all the persons authorized to sign-out the camper from the program. The student will not be released to any other persons.

Parent signature: _____

Program Fee: \$150.

Please Circle preferred week(s):

WK: 1	WK: 2	WK: 3
July 5-8	July 11-15	July 18-22
9am-2pm	9am-1pm	9am-1pm

Total Paid:

Number of Weeks ____ x \$150 = \$ _____

**Please, make check payable to:
Original Perspective, LLC**

Your cancelled check will be **both** your registration confirmation *and* receipt. One week before camp begins you will receive a "Welcome to Camp!" informational email.

Please place check & registration in a sealed envelope and mail to:

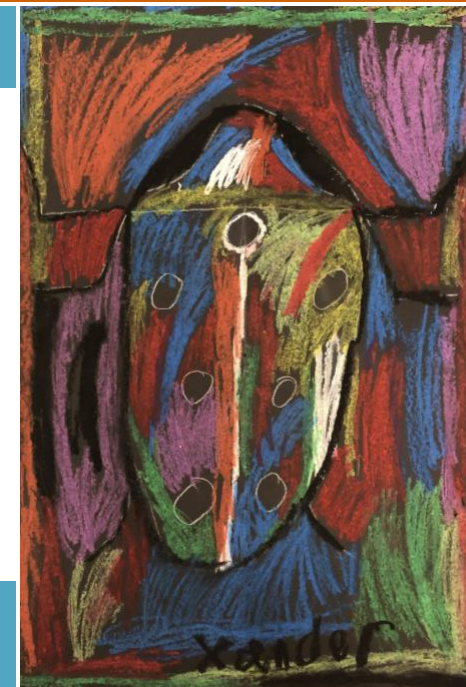
Original Perspective, LLC
c/o Renée Erwin
360 S 8th Street
North Wales, PA 19454

Multi-Media Art Program!

1st-6th Grade

Week 1: July 5-8
Week 2: July 11-15
Week 3: July 18-22

North Wales Area Library
233 S. Swartley Street
North Wales, PA 19454
215-699-5410
www.northwaleslibrary.org



Summer 2022

Schedule 2022

When:

Week 1: July 5-8 9am-2pm
Week 2: July 11-15 9am-1pm
Week 3: July 18-22 9am-1pm

Where: Community Room at the
North Wales Area Library. Enter at the
door next to the Book Drop Box.

New Projects EACH Week: Students will work
with a variety of materials including pencil,
marker, color pencils & oil pastel!

Program Fee: \$150 Includes supplies!
PLEASE BRING A LUNCH, water bottle,
and a beach towel for daily picnic lunch.

Registration Deadline:

Wk 1: 6/17 Wk 2: 6/24 Wk 3: 7/1

All CDC COVID safety protocols will be in place.
Daily cleaning of bathrooms and camp area,
frequent hand washing, masking, 6ft apart, no
shared supplies. Teachers have been
vaccinated. Each week of programing is limited
to 24 campers.

In the event of a shut down due to Covid
refunds will be issued as a credit towards
future programs.

Program Director:

Renée K. Williams-Erwin

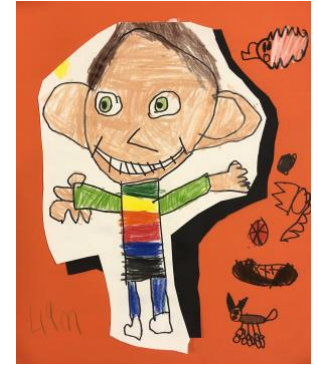
Cell: 215-939-6892

Email: renee@traditionalillustrator.com

Facebook: Original Perspective, LLC

On the Web: www.original-perspective.com

Medical Form



Name of Participant: _____

Age at Registration: _____

Allergies & Dietary Restrictions: _____

Modifications or Adaptations: _____

Medications: Please list all medications taken regularly. Campers are expected to bring whatever medications are needed each day and turn in to staff along with written instructions. Staff will be happy to remind the camper to take medication. We have no nurse on staff and take no responsibility for administering medication.

Medication: _____ Time: _____

HEALTH INSURANCE/PHYSICIAN

Insurance Co. Policy/Group No.: _____

Doctor Name and Office No.: _____

In the event of any emergency, I authorize Renée Erwin to secure treatment from any licensed hospital, physician and/or medical personnel deemed necessary for the camper's immediate care and agree that I will be responsible for payment of all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Parents, if your child is exhibiting any Covid symptoms, please keep them home. We reserve the right to send a child home if they are exhibiting symptoms.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Cut here.



FOR OFFICE USE ONLY
AMOUNT PAID:
CHECK NO.:
DATE ENTERED:
T C B S E

