

Registration Form

Camper's Name: _____

Grade completed by June 2023
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: \$155.

Please Circle preferred week(s):

WK: 1	WK: 2	WK: 3
June 26-30	July 10-14	July 17-21
9am-1pm	9am-1pm	9am-1pm

Total Paid:

Number of Weeks ____ x \$155 = \$ _____

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.

Check here if you do **not** give permission to have your students work photographed and shared in print or on social media _____

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: June 26-30

Week 2: July 10-14

Week 3: July 17-21

North Wales Area Library

233 S. Swartley Street

North Wales, PA 19454

215-699-5410

www.northwaleslibrary.org



Summer 2023

Schedule 2023

When: Week 1: June 26-30 9am-1pm
Week 2: July 10-14 9am-1pm
Week 3: July 17-21 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, various printmaking techniques, air-dry clay, weaving, & oil pastel!

Program Fee: \$155 Includes supplies! PLEASE BRING A LUNCH, water bottle, snack, and a beach towel for daily picnic lunch.

Registration Deadline:
Wk 1: 6/16 Wk 2: 6/30 Wk 3: 7/7

All CDC COVID safety protocols will be in place. Daily cleaning of bathrooms and camp area, frequent hand washing, masking is optional, 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



Two empty rectangular boxes for stamps or signatures.

Revised 2-19-23.