

# Registration Form

Camper's Name:

Grade completed by June 2024  
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: \$170.**

**Please Circle preferred week(s):**

WK: 1	WK: 2
July 8-12	July 15-19
9am-1pm	9am-1pm

**Total Paid:**

Number of Weeks \_\_\_\_\_ x \$170 = \$ \_\_\_\_\_

**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 8<sup>th</sup> Street  
North Wales, PA 19454

# Multi-Media Art Program!

1<sup>st</sup>-6<sup>th</sup> Grade

Week 1: July 8-12

Week 2: July 15-19

North Wales Area Library

233 S. Swartley Street

North Wales, PA 19454

215-699-5410

[www.northwaleslibrary.org](http://www.northwaleslibrary.org)



Summer 2024

# Schedule 2024

**When:** Week 1: July 8-12 9am-1pm  
Week 2: July 15-19 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 various materials, including pencils,  
markers, colored pencils, various printmaking  
techniques, air-dry clay, weaving, & oil pastels!

**Program Fee:** \$170 Includes supplies!  
PLEASE BRING A LUNCH, water bottle, snack,  
and a beach towel for a daily picnic lunch.

**Registration Deadlines:**  
Wk 1: 6/28 Wk 2: 7/5

Each week of programming is limited to 28  
campers.

In the event of a shutdown due to COVID-19,  
refunds will be issued as a credit towards  
future programs.

**Program Director:**  
Renée K. Williams-Erwin  
Certified Art Educator,  
Prince Hall School, Philadelphia, PA

**Cell:** 215-939-6892

**Email:** renee@traditionalillustrator.com

**Facebook:** Original Perspective, LLC

**On the Web:** www.original-perspective.com

Cut here



## 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.: \_\_\_\_\_

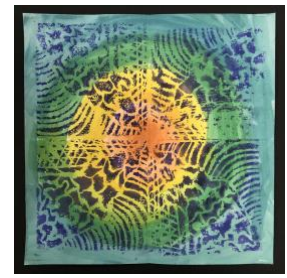
In the event of any emergency, I authorize Renée Erwin to secure treatment from any licensed hospital, physician and/or medical personnel deemed necessary for the camper's immediate care and agree that I will be responsible for payment of all medical services rendered. I understand that this authorization 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 \_\_\_\_\_

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




Revised 1-19-24.