

Registration Form

Camper's Name: _____

Grade completed by June 2025
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: \$180.

Please Circle preferred week(s):

WK: 1	WK: 2
July 14–18	July 21–25
9am–1pm	9am–1pm



Total Paid:

Number of Weeks _____ x \$180 = \$ _____

Please make check payable to:

Original Perspective, LLC

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

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

Place the check & registration in a sealed envelope and mail them 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 14 – 18

Week 2: July 21 – 25

North Wales Area Library

233 S. Swartley Street

North Wales, PA 19454

215-699-5410

www.northwaleslibrary.org



Summer 2025

Schedule 2025

When: Week 1: July 14 – 18 9am-1pm
Week 2: July 21 – 25 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: \$180 Includes supplies!
PLEASE BRING A LUNCH, water bottle, snack,
and a beach towel for a daily picnic lunch.

Registration Deadlines:
Wk 1: July 7 Wk 2: July 14

Each week of programming is limited to 34
campers.

If your plans change and you require a refund,
it will be issued as a credit towards future
programs.

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

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.: _____

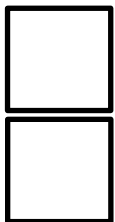
Doctor Name and Office No.: _____

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 _____

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

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



Revised 3-8-25.

Cut here.

