



Summer Camp Waiver

I understand that ART•stitution will be using various mediums and materials throughout the summer. I have informed staff members of any known allergies my child has. Art•stitution will not be held responsible for any reactions to paints, soaps or any other non-toxic materials my child will be using. I also understand that Art•stitution has no tolerance for violence. Any child who shows repeated negative behavior or violence in any way will be removed from the program.

I, _____ DO DO NOT allow Art•stitution permission to use my child's photo for social media or marketing purposes.

Parent/ Guardian's Signature _____ Date _____

ART • s t i t u t i o n

Summer Art Camp Registration Form

Daily Passes.....\$65

July 8-12.....\$300 (\$60 per day)

July 22-26.....\$300 (\$60 per day)

August 5-9.....\$300 (\$60 per day)

August 19-23.....\$300 (\$60 per day)

All 4 Weeks.....\$1,000 (\$50per day)

-Please check any camps your child will be attending-

Date:

Daily Pass

July 8-12

July 22-26

August 5-9

August 19-23

All 4 Weeks

-Please send a pack lunch, snack & water with your child each day-



Child's Name: _____ Age: _____

Parent's or Guardian's Name: _____

Address: _____

Contact Phone: _____

Emergency Contact: _____

Email Address: _____

Allergies: _____

Please list anything we should know: _____

Payment Information

Number of weeks your child will be attending: _____ Cost: _____

Method of payment: Check Credit Card Money order Cash

Please make check payable to Artstitution

CC #: _____ Exp. Date: _____ Card Type: _____

CSC #: _____ Zip: _____ Cardholders Name: _____

Amount Enclosed:

Please send registration & payment to:

ATTN: ARTSTITUTION: 5 Joseph Court Hackettstown, NJ 07840