



SUMMER CAMP REGISTRATION FORM

Please fill out a registration form for each child attending camp

PARENT'S NAME _____

CHILD'S NAME _____

CHILD'S AGE _____

ALLERGIES _____

EMAIL _____

PHONE # _____

EMERGENCY CONTACT _____

PHONE # _____

SIBLINGS ATTENDING CAMP

DO YOU GRANT US PERMISSION TO USE PHOTOS OF YOUR CHILD FOR SOCIAL MEDIA MARKETING? YES NO

IS YOUR CHILD ALLERGIC TO BEES? YES NO

DOES YOUR CHILD HAVE AN EPIPEN? YES NO

WHICH CAMP(S) IS YOUR CHILD ENROLLED IN?

**Please email this form to info@artstitution.net or print & mail to
259 US-46 Great Meadows, NJ 07838**