

## Summer Art Program for Youth 2013 Registration Form Featuring the continent of Africa!



Annette Orenick is returning to teach our Preschool program.

Older Groups have the opportunity to experience each class!

Classes will include West African Dance, Beading, Culinary Arts and more!

Preschool (age 4) through Grade 8
Tuesday through Friday, July 9-12, 2013
Tuesday through Friday, July 16-19, 2013
9:30 a.m.–12:30 p.m. (9:15 a.m. on the first day July 9)

\$195 per child for the two-week session (materials included) if paid on or before June 1<sup>st</sup>, 2013. \$250 per child if paid between June 2<sup>nd</sup> and June 19<sup>th</sup>. \$295 per child if paid between June 20<sup>th</sup> and July 2<sup>nd</sup>, if there is room available.

	WEEKS. NO DISCOU	NTS GIVEN FOR ON	25 staff fee.) NE-WEEK ATTENDANCE.* es and send them with a snack each	day.
XSS M L XL (Add \$20 for t-shirt afte Youth XS S _ Adult XS S _	r May 1 <sup>st</sup> ). Order Additio	onal Shirts please not _ XXL		1
			Please fill out both sides of form.)	
•	•		be photocopied). Please keep a copy tequest submitted with application.	for your
Youth's name:		Pleas	se circle: Male Female	
Child's Birth date:	Child's	Grade in Fall 2013	3:	
Parent's name(s):				
Address:				
Daytime phone(s):		Email:		
Person to contact in an	emergency (other thar	n yourself):		
Name	Relat	tionship	Phone No cell phones please (except Ve	erizon)!
Please mail the registration If you have questions, plea The Arts Center is located	se call 707-884-1138, or	send an e-mail to info		
Please list anyone who r Please <i>call</i> if someone e *If your child will be abso	lse not listed will be pi	icking up your child	d. them here:	
[Office: Fee Paid	Date	T-shirt Size(s) _	]	



## **Summer Art Program for Youth**

## **Medical Consent Form**

In case of emergency, Gualala Arts has my consent to authorize medical care for the following child (children):

1) Name:		Born on:	Allergies	
2) Name:		Born on:	Allergies	
3) Name:		Born on:	Allergies	
Insurance Company				_
Telephone	Address			_
I further agree to pay any and all such medic and its employees from and against, any liab				
	Signed by:			
	Name:			
	Address:			
	Telephone:			
	Date:			
You must inc	dicate at least one in	ndividual we can co	ntact in an emergency:	
1) First person to conta	ct is:			
Phone:	(nam	e) 	(relationship)	
2) Second person to co	ntact:			
	(nam	ne)	(relationship)	
3) Third person to contact	ct:			
	(nan	ne)	(relationship)	

Note to Parents: Anyone can get head lice; it is not a sign of poor hygiene. Lice are spread from head to head contact with someone who has lice. Less commonly, they can be spread by sharing items such as hats, combs, and headphones. They are a nuisance but will not harm your health. Lice are common in day cares and schools. Head lice are small insects the size of a sesame seed. They move quickly but do not jump or fly. Lice lay tiny grey/white eggs (nits) which stick to hair. If you should find any, please keep your child at home and notify Gualala Arts. Speak with a pharmacist about which treatment you should use. Gualala Arts will notify all parents if there is any report of head lice.