

Open  
MPS School Days  
2:30pm-6:00pm  
\$8/hr

For Students  
K5-5th Grade

# ARTS ALIGN ALL

## AFTERSCHOOL CAMP

2024-2025 SCHOOL YEAR

Hosted at Either  
125 W Saveland or  
3747 S Howell Ave

Contact  
[bordenjf@yahoo.com](mailto:bordenjf@yahoo.com)

Literacy Activities  
Art Projects  
Games  
&  
Snack



# REGISTRATION FORM



Please return completed form to reserve your child's place in the school year camp.

Child's Name: \_\_\_\_\_ DOB & Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## DAYS/TIME ATTENDING

Days needed	Approx time (ex. 2:30-4:30)
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____

*We accept cash, check (Arts Align All), Zelle & Apple Pay*

## Attendance Policy

You will be billed based on your planned schedule. Here's a helpful way to think about it: You pay for your child's reserved space in our program, not for their attendance. We are unable to accommodate drop-in care, because we staff according to the children's schedules. **If your child is absent for any reason (ill, afterschool clubs, appts. etc.) on days they are registered, you will still be responsible for payment.**

Camp closes at 6:00pm any pickup after that time a late fee will incur.

**We the undersigned, have read and reviewed the Camp's Attendance Policy and agree with the Camp's Attendance Policy Terms.**

Parent/Guardian Signature: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

## BEHAVIOR POLICY

To ensure the Camp Program is safe and fun for everyone involved, we do have a firm and conscientious behavior policy so that all campers have a positive experience. For this to happen, we strive to work out any potential problems with the child and parent/guardian before withdrawing any child from our program.

With that said, we do reserve the right to remove a child from Camp if their behavior is severely disruptive or creates a safety hazard. If a child is removed, no refunds or credits will be issued.

**We the undersigned, have read and reviewed the Camp's Behavior Policy and agree with the Camp's Behavior Policy Terms.**

Parent/Guardian Signature: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

## MEDIA RELEASE & FIELD TRIP PERMISSION

Tippecanoe Church is a beautiful location, and we frequently take nature walks in the surrounding neighborhood to enhance and solidify the concepts taught in the classroom. Please note children are always supervised with their team of qualified teachers throughout this experience.

Additionally, due to the nature of the Arts Align All Camp photos and videos are taken all the time. We love showing off what we do! Please support this process of sharing the fun and enjoyment we have as a group by allowing us to feature your child and the activities we pursue in mediums such as Facebook, Instagram, Pinterest, websites, brochures, grant paperwork, and advanced training documents.

By signing below, you are allowing Arts Align All staff to take your child on supervised neighborhood walking field trips and using their image in media-related release activities.

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child cannot take supervised walking field trips. \_\_\_\_\_

Initials

My child's image cannot be used in any media items. \_\_\_\_\_

Initials

## CHILD'S HEALTH HISTORY



Does your child have a history of (check all that apply):

\_\_\_ Allergies \_\_\_ Physical Restrictions \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Heart Problems \_\_\_ Seizures

\_\_\_ Other Health Issues (please describe) \_\_\_\_\_

If you checked any of the items, please describe any special emergency care instructions or other information needed by Camp's staff: \_\_\_\_\_

\_\_\_\_\_