



Arts for Our Children, Inc.

# **"iThings 2 Collard Greens"**

**Summer Camp for Girls  
Ages 5-13**

**June 27 - August 5**

The Davis Center  
6218 Third St. NW  
Washington, DC

**Girls from the District of Columbia pay  
JUST \$50 for the entire summer.  
Visit [www.ithings2collardgreens.org](http://www.ithings2collardgreens.org)  
for more information and an application**

*Health and Welfare - hygiene, etiquette, yoga, meditation, nutrition and gardening*

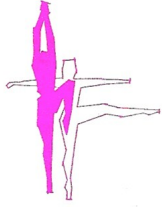
*Handcrafts - sewing, knitting, quilting, and arts and crafts*

*Arts - dance, visual arts, drama, sculpture, literature, music and poetry*

**Information: 202-368-8721 or 301-455-2607**

**Email: [arts4ourchildren@gmail.com](mailto:arts4ourchildren@gmail.com)**

*the Davis Center*



# *the Davis Center*

## **Before and Aftercare Program**

*Provided by the Davis Center*

### **Before Care**

8 AM – 9 AM

**\$25/week**

### **Aftercare**

4 PM – 6 PM

**\$70/week**

**Before and Aftercare: \$90/week**

**Please make checks or money orders  
payable to: the Davis Center**

**REGISTER NOW!**

**202-277-6110**

Arts for Our Children, Inc.

# *iThings 2 Collard Greens*

## **Summer Camp for Girls**

June 27 – August 5, 2016

### **APPLICATION FOR ENROLLMENT**



STUDENT'S NAME \_\_\_\_\_ STUDENT'S DOB \_\_\_\_\_

ADDRESS (No. Street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WARD \_\_\_\_\_ \*POLICE SERVICE AREA \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/ EMERGENCY PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

I WILL REQUIRE: BEFORE CARE AFTERCARE

\*POLICE SERVICE AREA LINK: <http://geospatial.dcgis.dc.gov/PSAFinder/>

TODAY'S DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED FOR ADMISSION

**Arts for Our Children, Inc.**  
6218 Third Street NW  
Washington, DC 20011  
**202-368-8731 or 301-455-2607**

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# *iThings 2 Collard Greens*

## **Summer Camp for Girls**



### **WAIVER AND CONSENT FORM**

I, the undersigned, hereby certify that I am the parent or legal guardian of

\_\_\_\_\_  
Name of Camper

I hereby give permission for the “ iThings 2 Collard Greens Camp” staff to seek during the period of the Camp appropriate medical attention for my child, and for my child to receive the medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I hereby acknowledge that my child is physically fit and mentally capable of participating in all camp activities.

I the undersigned, hereby acknowledge and understand that “ iThings 2 Collard Greens Camp” is a privately run camp.

I waive, release and forever discharge the Davis Center, Arts for Our Children and “iThings 2 Collard Greens Camp” and the aforementioned staffs, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the “iThings 2 Collard Greens Camp" to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child’s identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicated that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Home Phone #: (    ) \_\_\_\_\_

Work Phone #: (    ) \_\_\_\_\_

Emergency Phone #: (    ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Cell Phone #: (    ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Special instructions regarding the care of your child while at camp:

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## INSURANCE INFORMATION

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

\*Special instructions regarding Submission of Insurance:

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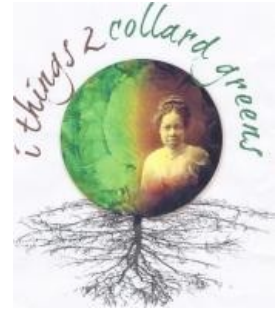
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Arts for Our Children, Inc.

# *iThings 2 Collard Greens*

## **Summer Camp for Girls**

### **SUPPLEMENTAL HEALTH FORM**



**The Health History and Examination Form must be completed by parents/guardians of minors or by an adult.**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial

Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number, City, State, Zip

Has this camper been on any medication within the last six months? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has this camper ever required any psychiatric counseling or hospitalization?

Explain \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities encouraged or limited by physician \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Name of dentist / orthodontist \_\_\_\_\_

Name of family physician \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_

If so, indicate: Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**Health History:**

(Check, give appropriate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment

**Diseases**

- Chicken Pox
- Measles
- German Measles
- Mumps

**Allergies** (dates not needed)

- Hay Fever
- Ivy poisoning, etc.
- Penicillin
- Other Drugs
- Asthma

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

\_\_\_\_\_  
Signature of parent or guardian

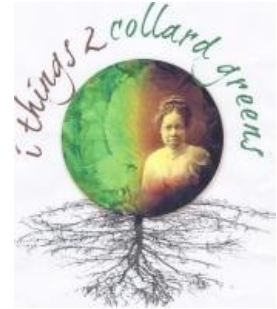
\_\_\_\_\_  
Date

Arts for Our Children, Inc.

# *iThings 2 Collard Greens*

## **Summer Camp for Girls**

### **MEDIA RELEASE FORM**



### **Authorization for Release of Photographs, Videotape or Film**

I (we) hereby consent, authorize and assign any and all rights to Arts for Our Children, Inc., its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings (whether or not edited, retouched, altered or otherwise changed or modified) of me and/or my child, children, products(s), group or organization which I represent, which were taken during the period June 27 – August 11, 2016 at the iThings 2 Collard Greens Summer Camp for use in publicity releases.

I (we) further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my family, products(s), group or organization or other identification or the names of others covered by this release. I (we) understand the photos, videos, film and/or audio recordings will be viewed by the general public and that other use may be made of them.

I (we) further agree and consent that and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I (we) have read the foregoing release, authorization and agreement before signing below and I warrant that I (we) fully understand the contents thereof.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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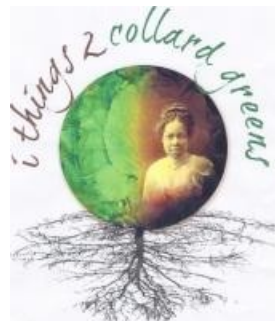
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6218 Third Street, NW Washington, DC 20011

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### **STUDENT PICK-UP FORM**

STUDENT'S NAME \_\_\_\_\_

PARENT'S NAME (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

**PLEASE INDICATE INDIVIDUALS YOU ARE GIVING PERMISSION TO PICK UP YOUR CHILD.**

#### Designated Person(s)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_