

Arts for Our Children, Inc.



June 25, 2012 - August 3, 2012

Closed on July 4, 2012

9:00 AM - 3:00 PM

Ages 5- 13

Registration fee for youth living in Wards 4 & 5 **\$50.00**

No Tuition

Free Breakfast & Lunch

Youth Residing in Maryland & Virginia

6 weeks/\$800

Before Care 8:00 AM - 9:00 AM - \$20/week

After Care 3:00 PM - 6:00 PM \$50/week

Make checks or money orders payable to: the Davis Center.

Register Now!

Registration Deadline: Friday, June 1, 2012

Curriculum

Innervisions - Meditation, affirmations Nourish & Nurture -

Grooming, nutrition, & caring for the Body

Grow it to Eat it - Gardening & meal preparation

Keep it Green & Clean - Green products for household cleaning

Miss Manners - Etiquette

Make your B.E.D. - Basic Entrepreneurial Development

Service with a Smile - Community Service Project

Herstory - Women's/Girl's History

Health is Wealth - Basic first aid, massage techniques

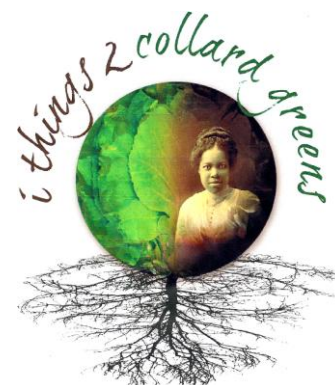
Movement is Life - Yoga, dance, swimming & outdoor play

The Artist's Way - Arts & Craft, Sewing, Knitting, Embroidery

Field Trips

Arts for Our Children, Inc.

Application



Date _____

Name _____ DOB _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

(Home Phone) _____ (Work Phone) _____

(Cell) _____ Email _____

CONSENT & RELEASE: I am the participant listed above, or parent / custodian of the child listed above, and hereby agree to participate, or consent to my child's participation, in Summer Retreat for Girls sponsored by Arts for Our Children, Inc. / iThings 2 Collard Greens, its faculty and staff. I certify that my daughter is in good health and is capable of participating in all the camp activities and workshops. I hereby give permission for Arts for Our Children, Inc. / iThingsCollardGreens to take and use photographs for promotion purposes for the program. I fully understand that there are no refunds or credits of registration fees, tuition payments, classes, costume fees or any other fees regardless of the circumstances. I understand that I am responsible for tuition payments as described. I thereby release Arts for Our Children, Inc. / iThingsCollardGreens, its agents and employees, from all liability for personal injury, illness, or property damage occurring on or off the Davis Center's premises, whether or not caused by the negligence of the Davis Center, its agents or employees. I hereby execute and deliver this Consent and Release to induce Arts for Our Children, Inc / iThingsCollardGreens to permit my child(ren) to participate in its programs

IN WITNESS WHEREOF, I have executed this Waiver.

SIGNATURE _____
(Student (Parent or Guardian if student is under 18 years of age))

TODAY'S DATE _____

Arts for Our Children, Inc. 6218 Third Street NW Washington, DC 20011

202.545.8008 202.277.6110 202.986.1837

Arts for Our Children, Inc.

EMERGENCY AUTHORIZATION FORM



TO ALL EMERGENCY MEDICAL AND DENTAL CARE GIVING FACILITIES :

This is to certify that Arts for Our Children, Inc./Ithings2collardgreens or anyone acting in behalf has my permission to act as my agent on behalf of my child _____, born _____, in securing immediate medical or dental services in the event of accident or illness when I cannot be contacted.

I accept full responsibility for any necessary expense incurred for the emergency medical or dental treatment of my child, which is not covered by the following:

Health Insurance Company _____

Policy Number # _____

Type of Coverage _____

Medicaid Number # _____

Child's Known Allergies or Physical Condition _____

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address _____

Notary Public Signature _____

Date _____

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Medical Emergency Information: Personal Information

Last Name		First Name		Middle Initial
Date of Birth	Sex	Weight	Blood Type	
Address				
City		State	Zip Code	
Primary Insurance Co.		Secondary Insurance Co.		
Primary Insurance Numbers & Group		Secondary Insurance Numbers & Group		

<p>Please list any Allergies your daughter has:</p> <p>Check box: <input type="radio"/> None <input type="radio"/> Unknown</p> <p>Medical Allergies: _____ _____ _____ _____ _____ _____</p>	<p>Please list any illness your daughter has or had:</p> <p><input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Any other illness</p> <p>Please list below: _____ _____ _____ _____</p>
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Current Medications
<input type="radio"/> None <input type="radio"/> Unknown _____ _____

Emergency Contact Information

Primary Physician	Physician Phone Number
Primary Contact Name & Relationship	Primary Contact Phone Numbers
Secondary Contact Name & Relationship	Secondary Contact Phone Numbers

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