

*Arts for Our Children. Inc.*



*iThings 2 Collard Greens*  
**Summer Camp**  
**for Girls Ages 5-13**  
**June 30th – August 8th, 2014**

**Health and Welfare**

Hygiene • Etiquette • Yoga • Meditation • Nutrition • Gardening

**HandCrafts**

Sewing • Knitting • Quilting • Arts and Crafts

**Arts Appreciation**

Dance • Visual Arts • Drama • Sculpture

Literature • Music • Poetry

**FREE BREAKFAST AND LUNCH**

**Registration (non-refundable) – \$60.00**

**Insurance – \$10.00**

**Tuition – \$600.00**

**INFORMATION**

Phone – 202.277.6110 • 202.368.8721

Address – 6218 Third Street NW • Washington, DC

eMail – bevelyn617@yahoo.com

WebSite – [ithings2collardgreens.org](http://ithings2collardgreens.org)

*Arts for Our Children, Inc.*

*iThings 2 Collard Greens*

**June 30<sup>th</sup> – August 5th**

**2014 Camp**

**Tuition and Fees**

***Nonrefundable Registration Fee***

*\$50 (Former Campers paid by April 1, 2014)*

*\$60 (Former & New Campers paid after April 1, 2014)*

***Camp Insurance \$10***

***Tuition Payment Plan***

*Payment #1      \$200 Due on or before April 30, 2014*

*Payment #1      \$200 Due on or before May 23, 2014*

*Payment #1      \$200 Due on or before June 23, 2014*

***Family Discount***

*2 Children/Family \$100*

*3 Children/Family \$200*

***Payments made after June 23, 2014 will be assessed a \$25.00 Late Fee***

# *the Davis Center*

## Before and Aftercare Program

Provided by the Davis Center

### **Before Care**

-

7:45 AM – 9:00 AM

**\$33/week**

Two **\$82 payments** due on or before **June 23, 2014 & July 18, 2014**

**\$160 Payment in full** due on or before **June 23, 2014**

### **Aftercare**

3:30 PM – 6:00 PM

**\$78/week**

Two **\$195 payments** due on or before **June 23, 2014 & July 18, 2014**

**\$380 Payment in full** due on or before **June 23, 2014**

### **Before and Aftercare on as needed Basis**

**Before Care \$7/day Aftercare \$18/day**

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

*Arts for Our Children, Inc.*  
*iThings 2 Collard Greens*

June 30<sup>th</sup> – August 5th  
2014

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 \_\_\_\_\_

FOR STUDENTS UNDER AGE 18:

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

6218 Third Street NW Washington, DC 20011 202.277.6110/ 202.545.8008

*Arts for Our Children, Inc.*

# *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

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

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

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

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

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

\*Special instructions regarding Submission of Insurance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 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.

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Signature of parent or guardian

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Date



*Arts for Our Children, Inc.*  
*iThings 2 Collard Greens*

**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 30, 2014 – August 16, 2014 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 \_\_\_\_\_

Arts for Our Children, Inc.  
6218 Third Street NW  
Washington, DC 20011  
202.277.6110/202.545.8008

# *iThings 2 Collard Greens*

## 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) \_\_\_\_\_

## ***iThings 2 Collard Greens NEEDS Your Help!***

iThings 2 Collard Greens, a summer camp for girls, founded two years by Kathy English Holt is excited to announce our ***Indiegogo Online Campaign!***



iThings 2 Collard Greens based on the principles of Nannie Helen Burroughs strives to prepare young girls ages 7-13 years by instilling in them a sense of pride, accomplishment and refinement. Through instruction in ***Health and Welfare*** (hygiene, etiquette, yoga, meditation, nutrition and gardening), ***Handcrafts*** (sewing, knitting, quilting and arts and crafts) and ***Arts Appreciation*** (dance, visual arts, drama, sculpture, literature, music and poetry) they will develop skills, a sense of self worth and poise that will enable them to compete in our world today.

To further enhance the development of these skills we will visit museums, attend the theater, have afternoon tea, lunch in a restaurant, learn water ballet and have specialized workshops.

Entrepreneurial activities will be implemented to introduce the girls into the world of business. Visit our ***"Lemonade Stand"*** or bid on our ***"Knitted Comforter"***.

Like Nannie Helen Burroughs did when she founded her school, we are raising money one person or group at a time. Won't you help us to shape, mold and infuse our girls so they will become leaders and help other through service?

This campaign will enable us to raise \$6000.00 over the next two months.

Please have your families, friends, coworkers, church members and their families, friends, coworkers, church members donate to this extremely worthy cause.

Please click the link below to make your donation:

<http://igg.me/p/699812/x/6551684>

## ***iThings 2 Collard Greens NEEDS Your Help!***