

**THANK YOU for your interest in:
“No School Art School”**

brought to you by:
Jennifer Wells Design,
and DIY Lounge at collage

**Three Art Programs in One Comprehensive Art Program!
Winter/Summer Art Camp 2009 for Ages 6-12!**

These registration forms (part I and part II) must be returned prior to care.

Please send (or bring) registration form to (mailing address only):

Attn: No School Art School/Jen Neitzel -OR- Fax to: 503.719.6241

6419 SE 52nd Ave Portland, OR 97206

-If we do not receive these forms one week before scheduled camp date we cannot include your child in this camp-

Each day will begin and end at the Jennifer Wells Studio, at 1614 NE Alberta Street (the cottage behind the house). Camp will run from 9AM to 3PM each day. After care is available between 3PM and 5PM for an additional \$15 per day per child. Please let us know if you will need this service.

To make camp an enjoyable experience for your child, please provide:

- A sack lunch
- Close toed shoes
- Make sure your artist is wearing clothes that can get messy.

PARENTS!

We are trying to make sure coats, sweatshirts, lunch boxes etc make it home with your young artist. Please assist us by printing your child's name in any item that could potentially get misplaced. We have markers on hand in our studios and will encourage children to put their names in garments that don't have names.

To find out more information about this program or for other classes go to:

**diylounge.com
collageonalberta
jenniferwellsdesign.com**

“NO SCHOOL ART SCHOOL”

PART I: INFORMATION FORM

If you have any questions, please contact Jen Neitzel at 503.804.2526

To register online please go to www.diylounge.com

I wish to register my child for: I paid online I still need to pay

Mon, Tues, Wed, Thurs March 22nd, 23rd, 24th, 25th 9am – 3pm \$210

Mon, Tues, Wed, Thurs June 21st, 22nd, 23rd, 24th \$210

Mon, Tues, Wed, Thurs, August 23rd, 24th, 25th, 26th \$210

After care needed? (Please indicate times and days) _____

_____ Birth date ___/___/___ Age _____
Artist's first and last name

_____ School (2009-2010) and Grade

Male Female _____ Ethnicity (for statistical and grant purposes)

Adult or Parent/Guardian - Primary Emergency Contacts (where to be reached especially between 8am and 4pm)

Parent/ Guardian Name 1 Phones: Home Work Cellular

Parent/ Guardian Name 2 Phones: Home Work Cellular

Home Address E-mail Address

Artist lives with (please circle): Both Parent/ Guardian 1 Parent/ Guardian 2 Other _____

Add. Emergency Contact: _____
Name Relationship Phone

I give permission for my youth to attend No School Art School (Signature of Parent/Guardian & DATE)

PART II: PERMISSION PACKET (must be completed)

EMERGENCY CONSENT

If you cannot be reached in order for No School Art School to protect your child in the event of a medical emergency, please complete and sign the following information. This form will accompany your child to the hospital so that medical treatment can be provided. I hereby authorize the staff to give consent for any emergency medical and/or surgical treatment deemed necessary for my child during group hours: Yes No

Artist's doctor

Doctor's phone

Date of last tetanus shot

Health insurance co.

Group#

Member

Chronic illnesses or ALLERGIES

Current medications

Does your child have any learning/behavioral challenges? (If so, please describe on back of form.)

What should we know about you or your child's strengths? (Please use the back of this form if you need more room)

I, or the following individual(s), will pick my child up from No School Art School.

Please list their names _____

My child will take Tri-Met bus home, Bus # _____

I give my permission for my child to leave the No School Art School without adult supervision. _____ (This is for bus riders only. All children will have adult supervision during camp times)

I give Permission to Photograph my Child and my Child's Artwork **Yes**

I give permission to have my child and my child's artwork to be photographed during No School Art School programs for purposes such as newsletters, brochures, promotional materials, grant applications or for the No School Art School - DIY Lounge at collage, Jennifer Wells Designs, or the Art Up websites. We will additionally ask for your specific permission if your child's photograph is chosen to be posted on the website or used in promotional materials (with only the first name of your child being used, unless you request otherwise).

(Parent/Guardian Signature)

THANK YOU!!!!!!

Jennifer Wells Design www.jenniferwellsdesign.com

DIY Lounge at collage www.diylounge.com