



Registration Form

Please fill out front and back & return to St Paul,
PO Box 6, New Bremen 45869-Thank you!

2018

St Paul UCC Art Camp

Monday, June 4—Thursday, June 7 from 6:00—8:00pm

St Paul United Church of Christ ❖ 119 N. Franklin St, New Bremen ❖ 419.629.2502

Additional registration forms available at www.stpaulnb.org, NB Coffee Shop, Topsy Turvy Toys, NB Library

All children (potty trained—entering 8th grade) are invited to attend.

Register by Monday, May 14th Walk-in's are Always Welcome!!! **Free For Everyone!!!**

Child's Name _____ Child's Preferred Name _____

Gender—M F Child's Age _____ Date of Birth ___/___/___ Last School Grade Completed _____

T-Shirt Size (No Charge) Youth sm____ med____ lg____ Adult sm____ med____ lg____ xlg____

There will be a family dinner on Thursday, starting at 6:00pm. _____ **number attending.**

We will have 2 & 3 year olds and 4 & 5 year olds in their own classes-They do not need to choose activities as they will be offered a variety of different Art Projects.

Classes Available

Please Choose One 3 day class:

- ____ Wood Wren Houses
- ____ Clay Toad Houses
- ____ Paper Animal Masks
- ____ Canvas Animal Painting
- ____ Paper Mache Cats & Dogs

Please Choose Three 1 day classes:

- ____ Church Library Time
- ____ Sparkle Fish
- ____ Pom Pom Animals
- ____ Friendship Bracelets
- ____ Animal Origami
- ____ Turtle Weaving
- ____ Pet Bandanas
- ____ Earthworm Apartments

Help and support would be appreciated. Please mark below the area in which you are able to assist us.

Volunteer Age: 13 through 102

- ____ Room Assistant (Assist teachers with art projects)
- ____ Guide (Assist kids to different areas)

- ____ Help with snacks
- ____ Childcare for Fellow Volunteers

Name: _____ Phone Number: _____ T-Shirt Size _____

Questions Contact

St Paul Church Office
419-629-2502

Lisa Weigandt
937-538-0275

Pastor Dee Schroer
419-733-8760

Rev. Becky Erb Strang
419-953-1152

Permission, Release and Medical Power of Attorney

Please fill out one form per child attending Art Camp

Child's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ work phone _____

Can we text you? Home Phone Y or N Cell Phone Y or N Work Phone Y or N

Email address _____

Emergency Contact (If parent can't be reached) _____

Emergency Contact Phone _____ Relationship to child _____

Does your child have allergies (Food, Medicine, etc?) Y N Please List (use extra sheet of paper , and attach—if necessary)

I give permission for my child to participate in the activity (Art Camp) and release from all liability and indemnify St Paul United Church of Christ, and their officers, agents, representatives, volunteers, and employees, from any and all liability, claims, judgements, cost or expenses, including attorney fees, arising out of any illness incurred by my child while participating in or traveling to or from the activity.

Signature of Parent/Legal Guardian

Date

I agree that Art Camp (St Paul United Church of Christ) may use my child's portrait or photograph for promotional purposes and office functions, in print, social media and/or on their website.

Signature of Parent/Legal Guardian

Date

Please complete EITHER Part I or Part II below: Part I: Grant Consent In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the previously-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Legal Guardian

Date

Part II: Refusal to consent (DO NOT COMPLETE IF YOU COMPLETED PART I). I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church leaders to take the following action: (MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

Signature of Parent/Legal Guardian

Date