

Agape Fellowship's

# Creative Arts Camp



Children will explore the characteristics of Bible Heroes through painting, drama, percussion and movement. Family is invited on Thursday evening at 6:00 pm for a carnival celebration presented by your children

**Sunday, August 5<sup>th</sup> – Thursday, August 9<sup>th</sup>, 2018**

**6:00-8:00 p.m.**

Ages: 3 years – 8<sup>th</sup> grade

Agape Fellowship

485 East 3<sup>rd</sup> St., Williamsport, PA 17701

Church Phone: 570-326-5924

Pastor: Dale Rintelman

Intern Pastor: Matt Fox

Please registration in advance at [www.agapewilliamsport.org](http://www.agapewilliamsport.org)

## Registration Form Creative Arts Camp 2018

Name: (one form per child) \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies with reaction and/or any other medical, social, emotional, needs?

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

Siblings (with ages) also attending Creative Arts Camp:

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

I give permission for my child to be photographed or videotaped during Creative Arts Camp as part of the program and these will not be published in any social media, websites or printed media.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_

I give permission for my child to be photographed/video taped at Creative Arts Camp and this may be used for Website publicity.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_

### **Parent/Guardian Authorization**

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored children's events during 2018 calendar year. I recognize and acknowledge that church activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Agape Fellowship, its leaders, and volunteers from liability. I hereby certify that the information above is correct.

**IN CASE OF MEDICAL EMERGENCY**, I consent to emergency medical treatment for my child. I understand that every effort will be made to notify me. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to make decisions necessary for treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Children in 1<sup>st</sup> thru 8<sup>th</sup> grade please select a track preference:**

\_\_\_ Track 1 - Painting and Drama

\_\_\_ Track 2 -Percussion and Movement

\*Preschool children will have all four of the above categories