



Children's Art in the Park Camp



Registration Form

Parent/Guardian Name: _____

Child's Name: _____

Child's Age (7–12): _____

Preferred Camp Week(s):

☐ July 8–10

☐ July 13–15

☐ July 20–22

☐ July 27–29

☐ August 3–5

☐ August 10–12

Email: _____

Phone Number: _____

Emergency Contact (Name & Phone): _____

Allergies or Special Needs: _____

☐ I give permission for my child to participate in outdoor art activities.

☐ I give permission for photos to be taken of my child (for program use only).

Signature: _____

Date: _____