

EMERGENCY CONTACT INFORMATION

Camper's Name _____ Age _____

People to be contacted in the event of an emergency, if the parent(s) cannot be reached:

EMERGENCY CONTACT #1

Name _____

Relationship _____ Phone _____

EMERGENCY CONTACT #2

Name _____

Relationship _____ Phone _____

Name of Physician or Clinic _____

Street Address _____ City/State/Zip _____

Phone _____

Name of Dentist or Clinic _____

Street Address _____ City/State/Zip _____

Phone _____

I give Lincoln Theatre Association permission to transport my child to _____
(Hospital/Clinic)
for emergency medical care, or to _____ for emergency dental care, or to
(Dentist/Clinic)
the nearest available source of assistance.

Parent Signature _____ Date _____

HEALTH INFORMATION

List all allergies and any special precautions and treatment indicated for these allergies:

List any medications child is currently taking:

List any chronic physical problems and any history of hospitalization:

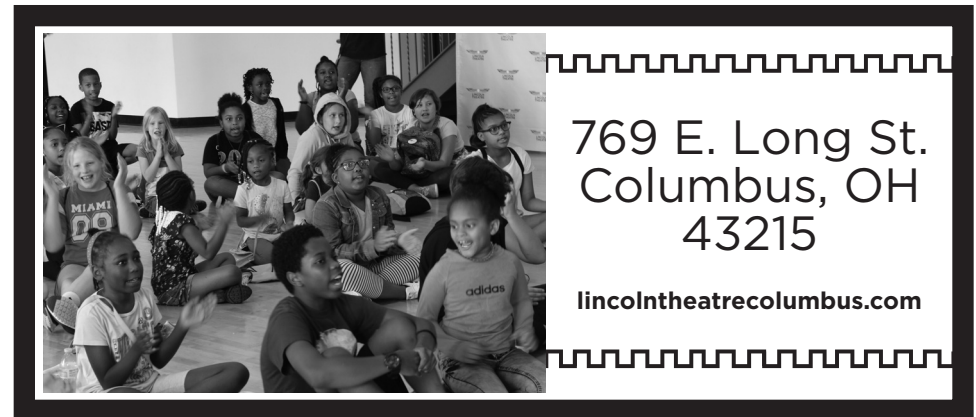
Anything else about your child that you think we ought to know:

If your child has any special needs, please list methods you use that will help your child have a positive experience:

Note: A Waiver of Liability will need to be signed for each camp participant on the first day of camp attendance.



Have a blast at the **Lincoln Theatre** this summer!



June 24-August 9, 2019

Register today to save your spot!

PATTERNZ SUMMER CAMP 2019

Lincoln Theatre Summer Camp will consist of **6 one-week camps for children ages 6*-13** designed to spark creativity and a passion for the arts through experience with multiple art forms.

Facilitated by graduates of the **Lincoln Theatre's Artist Incubation Program** and **CATCO is Kids! educators**, campers will begin each day with affirmations of excellence, then rotate through workshops in dance, theatre, music, and visual arts. At the end of each week, campers will put on a program for their families to show what they've learned throughout the week.

And every artist knows it's important to be well-rounded! Children will also participate in activities offered by our Summer Camp partners:

- **The Ohio State University Wexner Medical Center** will provide weekly STEM off-site activities in health and science adventures for ages 9-13 years only.
- **Columbus Area Integrated Health** will facilitate weekly sessions on the harmful effects of alcohol, tobacco and other drugs.
- **Local Matters** will teach clean food preparation.

You can choose whether to enroll your child in certain weeks, or every week, of camp this summer. Each week will offer different activities, including off-site field trips, to keep the fun rolling!

Week 1 June 24-28	Week 2 July 8-12	Week 3 July 15-19	Week 4 July 22-26	Week 5 July 29-August 2	Week 6 August 5-9
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Camps run Monday through Friday from 9 am-4 pm each day.

Drop-off: 8:30-9 am | **Pickup:** 4-4:30 pm

We will provide a healthy morning and afternoon snack. All campers must bring a brown bag lunch daily.

Please note: There is no camp the week of July 2, due to the Fourth of July holiday.

Cost per week: \$110 per child (9 am-4 pm each day)

ADDITIONAL CARE SERVICES:

Pre-care available from 7-8:30 am; post-care available from 4:30 pm-6 pm.

Cost per week: \$25 for pre-care OR post-care; \$50 for pre-care AND post-care

For more information, visit www.lincoltheatreolumbus.com

*Camper must turn 6 on or before May 30, 2019.

SUMMER CAMP REGISTRATION FORM

Please fill out ONE form per child. To register your child now, mail to:

Lincoln Theatre Summer Camp, 39 E State St., Columbus, OH 43215

Online registration coming soon at lincoltheatreolumbus.com/patternz

Camper's Name _____ Age _____

PARENT INFORMATION

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

- I agree to have my child photographed during class for promotional use by the Lincoln Theatre Association and CAPA.
- I give my child permission to leave the premises of the Lincoln Theatre to visit The Ohio State University Wexner Medical Center campus as part of the Lincoln Theatre Patternz Summer Camp 2019. I understand that my child will be fully supervised by camp staff.

Parent Signature _____ Date _____

Select camp(s) below.

Designate if additional care is required by selecting "pre-care" or "post-care".

- | | | |
|---|---|---|
| <input type="checkbox"/> Week 1
June 24-28
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care | <input type="checkbox"/> Week 3
July 15-19
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care | <input type="checkbox"/> Week 5
July 29-August 2
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care |
| <input type="checkbox"/> Week 2
July 8-12
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care | <input type="checkbox"/> Week 4
July 22-26
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care | <input type="checkbox"/> Week 6
August 5-9
<input type="checkbox"/> Pre-care
<input type="checkbox"/> Post-care |

Payment Method

Check enclosed (payable to Lincoln Theatre Association)

or

Credit Card (choose one):

__Visa __Mastercard __American Express __Discover

Card #: _____

Exp. Date: _____

Name on card: _____

Signature: _____

(over)

Total number of weeks:

_____ x \$110 = \$ _____

Total number of additional care services: (in weeks)

Pre-care: (7-8:30 am)

_____ x \$25 = \$ _____

Post-care: (4:30-6 pm)

_____ x \$25 = \$ _____

Both pre-care & post-care:

_____ x \$50 = \$ _____

TOTAL \$