



# Susan's House of Art

## Registration Instructions

1. Choose camp by color designation (Red, Orange, Yellow etc) and fill out registration information
2. Read and sign camp policies form
3. Fill out medical release form completely
4. Carefully read and sign release of liability form
5. Registration Fees. Please include a check for either payment in full or a \$50.00 non-refundable registration deposit. \$50.00 registration deposit is applied to the cost of the camp, payment in full must be received prior to the camp start date. Be sure to write your camp date at bottom of the check, and make payable to: **Susan Inloes**
6. Mail all forms from steps 1 through 4 above, along with camp registration fees from step 5 to:

Susan's House of Art  
3700 S.E. 119th Ave  
Portland, Or 97266

If you have any questions please call Susan at (503) 762-4976

# Susan's House of Art Enrollment Form

**Child's Name**  
(First & Last)

**Date of Birth**  
(MM/DD/YYYY)

**Camp Session**  
(red, yellow, etc)

1 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Extended Camp Hours Needed? Y / N When? \_\_\_\_\_

## Parent / Gaurdian:

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## If Parent / Gaurdian Is Unavailable, Contact:

### First Choice:

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Second Choice:

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Who is authorized to pick up your child other than yourself:

(Relist your First and Second choice contacts above, if you wish to allow them to regularly pick up your child)

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_



# Susan's House of Art CAMP POLICIES

1. All forms must be completed and fees paid in full before your child begins camp.
2. In order to reserve your child's placement in the art camp a non-refundable \$50 registration fee is required. Full registration fees are due prior to the first day of camp. The initial \$50 registration fee will be applied to the cost of the camp.
3. Red, Orange, Blue, and Purple camp registration is \$180. Yellow and Green camp is \$75.
4. Camp hours are from 9am - 4pm for full camp students. 2 and 1/2 hour camp is from 9am - 11:30 and 12:30-3:00. Each camp runs for 5 days.
5. Red, Orange, Blue, and Purple camp students may arrive 15 min prior to camp, and may remain if necessary 15 min after camp has concluded. If extended time is needed it will be billed at \$5.00 per hour, and must be arranged in advance. Yellow and Green camp students should arrive and depart on time.
6. Red, Orange, Blue, and Purple camp students must provide their own lunch. Camp will provide morning and afternoon snacks for all camps. Parents are responsible to advise camp staff of any food allergies their child may have, and provide snacks for children with allergies.
7. Children should be dressed in clothing that is appropriate for art camp. Stains from paint and other art materials are common, and should be taken into account when selecting clothing for your child.
8. If a child becomes ill during art camp, you will be contacted according to your emergency contact information. Please arrange to have the child picked up as soon as possible.
9. Medication will be given only in its original container with prescription attached. Parents will notify art camp staff about these medications. Over the counter medication must have the child's name and dosage requirements handwritten on the original container.
10. Please keep children at home if they have a fever of 100 degrees or more, diarrhea, green mucus, vomiting, coughing, or the child has not been feeling well.
11. All persons picking up children must be authorized to do so in writing. A parent may authorize someone else to pick up their child provided they verbally describe this person to camp staff.
12. All children will be expected to abide by camp rules of respecting teacher, supplies, and others. We reserve the right to expel any child who is offensive.
13. We will be having an art show of the students work at the end of each camp for parents and friends.

I \_\_\_\_\_ have read and understand all policies (item 1 through 13) above  
(print parent's name)

and agree to all terms set herein.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Susan's House of Art Medical Release

## Medical Information:

Has your child had: Chchicken Pox                      Measles                      German Measles  
(Circle all that apply)    Mumps                      Whooping Cough                      Scarlet Fever

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## Release - Permission is given to Susan's House of Art for the following:

(A checkmak or initial indicates approval, blanks indicate a "NO")

\_\_\_\_\_ Susan's House has my permission to give my child prescribed medication.

\_\_\_\_\_ Susan's House has my permission to give my child non-prescribed medication.

\_\_\_\_\_ In an emergency Susan's House has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

\_\_\_\_\_ I DO NOT wish my child to receive any medical treatment.  
(Marking this means you do not authorize any treatment of your child)

\_\_\_\_\_ My Child may be taken on field trips or excursions by bus or private motor vehicle under supervision.

\_\_\_\_\_ My child may be photographed for publicity, or news purposes.

\_\_\_\_\_ My child may go on walks or excusions to the park under supervision.

\_\_\_\_\_  
Mother/Gaurdian Signature

\_\_\_\_\_  
Father/Gaurdian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Susan's House of Art  
**Release From Liability**

I / We \_\_\_\_\_

The Parent(s)/Gaurdian(s) of \_\_\_\_\_

agree not to hold Susan's House of Art & Caring (hereforth the Provider) or anyone acting on their behalf, liable for any accident or injury incurred while my / our child / children are in the care of the Provider.

I / We agree to waiver the right to pursue any and all claims against the Provider, and anyone acting on their behalf, including the owner of the property where care is being provided.

\_\_\_\_\_  
Mother / Gaurdian Signature

\_\_\_\_\_  
Father / Gaurdian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date