



Winter Holiday Art Camp Registration Girassol Learning Center

Please print.

Date _____

Child's Information

Name _____ Preferred name _____
First Middle Last

Date of Birth _____ (MM/DD/YYYY)

Session

Days (select days if you do not wish to enroll child for full session)

- December 19 - 22 (Mon-Thu) Dec 19 Dec 20 Dec 21 Dec 22
 December 26 - 29 (Tue-Fri) Dec 26 Dec 27 Dec 28 Dec 29

Parent/Guardian Information

Please provide information for the parent(s) or legal guardian(s) with whom the child lives.

Name _____ Relationship to child _____

Address _____ E-mail _____

Home phone _____ Work phone _____ Cell phone _____

Emergency Contact Information

Please provide the name of a contact not living in the child's home.

Name _____ Relationship _____ Phone _____

Child's Physician

Name _____ Phone _____

Acknowledgement

By signing below, I/we grant permission for the child named above to participate in all activities connected with the Girassol Winter Art Camp. I/we further agree to abide by the policies of Girassol Learning Center that are applicable to this camp.

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

For Administrator – Signed Documents Received

- | | |
|--|--|
| <input type="checkbox"/> Camp Registration | <input type="checkbox"/> Hold Harmless /Medical Release |
| <input type="checkbox"/> Acknowledgements and Permissions Form | <input type="checkbox"/> Allergy Form, if applicable |
| | <input type="checkbox"/> Medication Permission Form, if applicable |



Girassol Learning Center

Winter Holiday Art Camp

Registration and Payment

You may register your child for one or both sessions, or for individual days within sessions.

Payment is required in advance. You may pay by personal check or cash.

Cancellation and Refund Policy

If you must cancel your child's registration, please notify Girassol as soon as possible.

- If you cancel more than 3 weeks before the first day of camp, you will receive a 75% refund.
- If you cancel 2 weeks before the first day of camp, you will receive a 50% refund.
- If you cancel less than 2 weeks before the first day of camp, you will not receive a refund.
- Refunds will not be given for partial or unattended days, regardless of the reason.

You or the director have the right to terminate your child's enrollment for any reason at any time. If we terminate your child's enrollment, we will refund pre-paid fees for any remaining days. If you terminate your child's enrollment, you are not entitled to a refund.

Sick Child Policy

- Children may not attend camp when they are sick.
- If your child becomes ill while in our care, we will contact you to pick up your child. If we cannot reach you, we will contact one of the people you listed as an emergency contact in the enrollment forms. You or one of those people must come pick up your child immediately.

NOTE: We ask that children wear a mask if they have a light cough or are sneezing.

Arrival and Departure

Girassol's Winter Art Camp runs from 9:00 a.m. to 2:00 p.m. Please make sure that your child arrives on time, and that you or another designated person picks up your child promptly at the end of the day.

Clothing and Shoes

Outdoor activities and exploration will be part of every day at Winter Art Camp, except when temperatures are below 10 degrees or if extreme weather conditions exist. We also have a gymnasium for indoor play. Children must wear shoes and clothing appropriate for the season. Your child should have one pair of outdoor shoes or boots and one pair of indoor shoes suitable for running in the gym.

Each child has a locker for storing personal items.

Snacks and Lunch

You are required to provide your child's lunch, water (in a reusable bottle), as well as a morning snack.



Girassol Winter Holiday Art Camp

Acknowledgments and Permissions

Child's Name _____
First Middle Last

Date of Birth _____ (MM/DD/YYYY)

Parent/Guardian Name _____

Acknowledgements

I have read and understand the following:

Cancellation and Refund Policy

Sick Child Policy

Permissions

Yes No

I give permission for camp staff to take my child on walking field trips with the understanding that staff will supervise my child at all times.

Yes No

I give permission for camp staff to photograph my child during activities with the understanding that the photograph may be used to promote programs of Girassol Learning Center.

Yes No

I give permission for photographs made of my child during camp activities to be posted on the website of Girassol Learning Center.

Parent/Guardian Signature

_____ Date _____

**Hold Harmless Agreement / Medical Release Form
Girassol Learning Center - Winter Holiday Art Camp**

Child's Name _____
 First Middle Last

Date of Birth _____ (MM/DD/YYYY)

Parent/Guardian Name _____

I hereby authorize any Girassol employee to provide, within the scope of their training, emergency care for my child in the event of an accident or illness.

I hereby authorize any emergency medical technician, paramedic, or medical doctor to attend to my child if, in the event of an emergency, I cannot be contacted in a timely fashion.

I hereby release and hold harmless Girassol, its agents, employees, volunteers, and directors from all claims, obligations and liability of any kind arising out of my child's participation in the Girassol program, including but not limited to transportation to and from and participation in outdoor and off-premises activities.

I certify that all information I have provided in this agreement and in all Girassol documents is factually correct to the best of my knowledge.

Parent/Guardian Signature

_____ Date _____

Allergy Form

Girassol Learning Center - Winter Holiday Art Camp

Child's Name _____
 First Middle Last

Date of Birth _____ (MM/DD/YYYY)

Please list all your child's allergies, including any art supplies.

Drug _____

Food _____

Insect _____

Latex _____

Mold _____

Pet _____

Pollen _____

Other _____

Because my child has one or more allergies, I authorize Girassol to post my child's name in the classroom as a reminder to staff.

Please Note: This is very important. Your allowing us to post this reminder in the classroom will help us keep your child safe.

Parent/Guardian Signature

_____ Date _____