

# ARTSCAPE REGISTRATION FORM 2018



JULY 9 - AUGUST 17, 2018

Please complete this Registration Form in its entirety in order to register your child for **ARTScape Summer Camp** at Harlem School of the Arts for Summer 2018. The summer camp program will begin **Monday, July 9, 2018** and conclude on **Friday, August 17, 2018**. Parents are also responsible for submitting a signed copy of the **Student Medical Form 2018**, complete all other registration documents (Conduct & Discipline, Swimming Permission Slip, Photo/Video Consent, Emergency Contact and Trip Itinerary). **ALL FORMS MUST BE SUBMITTED IN PERSON** at the time of registration. **Final payment and other registration documents for ARTScape Summer Camp are due no later than Friday, June 21, 2018.**

OFFICE USE ONLY

Full Summer     Session A  
 Session B     Session C

**CAMPER INFORMATION** *Please print* Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*A separate registration form must be completed for each member of a family registering for ARTScape 2018.*

Name \_\_\_\_\_ Age (by July 9, 2018) \_\_\_\_\_ Grade \_\_\_\_\_

Female     Male    Camper's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_     New camper     Returning camper     1199

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's Name #1 \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**LUNCH** *Choose One*     My child will bring their own lunch     Free DOE Food Nutrition Program Lunch

**T-SHIRT SIZE**     S (4-6)     M (7-8)     L (10-12)     XL (14+)     OTHER \_\_\_\_\_

*Two (2) t-shirts provided to each camper per session (must be worn to camp daily)*

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**AUTHORIZED PICK-UP\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**\*Only adults over the age of 18 are authorized to pick up campers. Only the adult listed will be permitted to pick up your camper in addition to the Parent/Guardian. Any child going home with an escort must be at least 10 years of age.**

**EMERGENCY RELEASE**

**I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made by HSA to contact me.**

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

JULY 9 – AUGUST 17, 2018

## MEDICAL & SOCIAL HISTORY

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy \_\_\_\_\_

Allergies (Medication, Foods, etc) \_\_\_\_\_

Please list any Medical Problems, including diagnosis \_\_\_\_\_

Is your child currently on any medications, including inhalers?  Yes  No If yes, name of medication \_\_\_\_\_

If yes, does the medication need to be taken during camp hours?  Yes  No

If yes, written permission must be submitted by the guardian allowing your child or a camp counselor to administer.

Is your child taking a break from any medication this summer? \_\_\_\_\_

Please list any behavioral issues that would be helpful for us to know about \_\_\_\_\_

## CAMP PRICING

### SESSION COST *Check All That Apply*

### FULL DAY (8:30am-4:30pm)

### TOTAL

<input type="checkbox"/> Full Summer (6 weeks)	\$2,601.00	\$ _____
<input type="checkbox"/> Session A (July 9-July 20)	\$867.00	\$ _____
<input type="checkbox"/> Session B (July 23-August 3)	\$867.00	\$ _____
<input type="checkbox"/> Session C (August 6-August 17)	\$867.00	\$ _____

**SUBTOTAL** \$ \_\_\_\_\_

### ADD-ONS (OPTIONAL)

### ADD

<input type="checkbox"/> Early Drop Off (7:45-8:30am)	\$110 per session x (# of sessions) =	\$ _____
<input type="checkbox"/> Late Pick Up (4:30-5:30pm)	\$165 per session x (# of sessions) =	\$ _____

*An additional fee of \$10.00 daily will be applied after 5:30pm. After 6:30pm, your child will be escorted to nearest police precinct AS PER THE ACS PARENT GUIDE.*

**TOTAL AMOUNT** \$ \_\_\_\_\_

## TERMS AND CONDITIONS

**ARTScape Summer Camp 2018 Term:** The ARTScape Summer Camp season begins **July 9, 2018** and concludes on **August 17, 2018**. Please note that final tuition payments for the ARTScape Summer Camp 2018 semester at the Harlem School of the Arts are due no later than **June 22, 2018**. Unpaid balances as of June 22, 2018 will result in a camper not participating in ARTScape Summer Camp 2018. Any registration form accepted after June 22, 2018 deadline will pay a one-time payment of tuition fees.

**Withdrawal Policies and Fees:** Once a camper has registered, the payer of the student account is responsible for FULL payment of the classes for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so 4 weeks prior to the first day of session by the following method:

- Submit a withdrawal or cancellation request via email to [info@hsanyc.org](mailto:info@hsanyc.org).

Refunds are only available one month prior to July 9, 2018, minus a **\$100.00 administration fee. After July 9, 2018, NO REFUNDS WILL BE MADE.**

# ARTSCAPE REGISTRATION FORM 2018

JULY 9 - AUGUST 17, 2018



## FORMS OF PAYMENT

HSA accepts cash, bank certified checks, money orders, MasterCard, Visa, American Express and Discover Card for tuition payment. **Returned checks and failed automatic payments are subject to a \$50.00 fee.**

Agreement made as of (date) \_\_\_\_\_ and between (parent) \_\_\_\_\_ and the Harlem School of the Arts (HSA), with its principle place of business at 645 Saint Nicholas Avenue, New York, New York 10030. I, (parent name) \_\_\_\_\_ agree to pay the full tuition in the amount of \$ \_\_\_\_\_ for my selected payment option below.

### ARTSCAPE SUMMER CAMP 2017 TUITION SCHEDULE

<b>FULL 6 WEEK CAMP SESSIONS</b>	Payment #1 - 25% of TOTAL Cost of Camp Tuition Due at Registration Payment #2 - 25% Due on May 18, 2018 Payment #3 - Remaining Balance Due June 22, 2018
<b>4 WEEK CAMP SESSIONS</b>	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on May 18, 2018 Payment #3 - Remaining Balance Due June 22, 2018
<b>2 WEEK CAMP SESSIONS</b>	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due May 18, 2018 Payment #3 - Remaining Balance Due June 22, 2018

**\*Please note that any unpaid balances as of June 16, 2017 will result in camper not participating in ARTScape Summer Camp 2017**

## METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your camp tuition.

Please select a preferred method:

PAY IN FULL NOW       I WILL MAKE REGULAR PAYMENTS ON OR BEFORE THE LISTED TUITION PAYMENT DATES.

Parent/Guardian Name (Please Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

**NEED PAYMENT PLAN** (Payment Plan Enrollment Form below.)

\*Does not release you from payment obligation; **REQUIRES CREDIT CARD and AUTOMATIC PAYMENT PLAN ENROLLMENT.** FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE. UNPAID BALANCES AS OF JUNE 16, 2017 WILL RESULT IN CAMPER NOT PARTICIPATING IN ARTSCAPE SUMMER CAMP 2017.

## PAYMENT PLAN ENROLLMENT

Please complete the credit card authorization information below. **FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE.**

I authorize the Harlem School of the Arts (HSA) to charge my credit card for payment(s) for the payment plan I have selected above. I understand that my credit card on file will be automatically charged on the dates listed above. I also understand that failed automatic payments are subject to a \$50.00 penalty.

Indicate payment method:     Cash (in person only)     Visa     MasterCard     Discover     AMEX

I authorize the credit card indicated below to be charged in the amount of \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ Sec. Code (CVV) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and accept the Terms and Conditions and the Tuition Payment Overview stated above. I understand that regardless of whether my child withdraws from the school for any reason during the term, I am responsible for the payment of full tuition, charges, and fees. If additional courses are added after this agreement is signed, I am responsible for the adjusted monthly payment amount and must have a new payment plan contract signed. I understand that regardless of the financial aid package the school offers or provides, I remain obligated to pay all tuition, charges, and fees. My signature below acknowledges approval of these terms.

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

## DISCLOSURE OF PERSONAL INFORMATION

HSA may disclose the personal information of a student and/or his/her parent/guardian (including, but not limited to, name, address, school, grade, age, phone number, and email address) to HSA's employees for purposes of providing and facilitating the education of the student. Those purposes include, for example, personalizing the student's educational services at HSA, addressing the student's individual interests, communicating information about HSA's activities and programs, or registering or enrolling the student in HSA courses. HSA will avoid disclosing the student and/or his/her parent/guardian's personal information to any third party unless the student (if 18 years or older) or the student's parent/guardian has consented to such disclosure, or HSA is required to do so by law or to comply, for example, with legal process or a court order.



## ARTScape 2018 Welcome Packet

Welcome to ARTScape 2018! We are delighted to have you on board! We look forward to a fun, safe and creative summer! We have a lot of thrilling activities and exciting trips planned for this year. Thank you for choosing to spend your summer with the Harlem School of the Arts.

Please take this time to carefully review some important camp details that are vital to understanding ARTScape Summer Day Camp policies, functions and day-to-day proceedings. Attached are the following important documents and forms that must be completed and returned to the Summer Camp Office **no later than Friday, June 22, 2018**. No child will be allowed to attend summer camp without a full completion of the forms. The attached forms are as follows:

- Welcome Packet Checklist
- Registration Form
- HSA Medical Release Form
- Emergency Contact Form
- Camp Conduct & Discipline Policy Form
- Swim Consent
- Photo/Video Consent Form
- Trip Itineraries will be distributed
- Parent Agreement

### Camp Overview

The Harlem School of the Arts ARTScape 2018 Summer Day Camp provides New York City children ages 4-12 the opportunity to explore all of the arts. In three 2-week camp sessions, Campers will enjoy classes in music, dance, theater, and visual arts. Field trips and cultural camp activities further enhance children's exposure to the arts. **Each 2-week session ends with a culminating performance for families and friends.**

### Age Groups

Campers are grouped by age; Ages 4-5, 6-7, 8-9 & 10-12. **ALL** age groups will participate in interdisciplinary classes in Music, Dance, Theater and Visual Arts.

### ARTScape Counselors and Staff

We take pride in our staff at HSA. Our counselors consist of educators and college session students; all of whom have backgrounds in the arts. All counselors are interviewed thoroughly and our entire staff goes through a series of mandatory trainings before and during camp. The counselors-to-camper ratio complies with the standards of the American Camp Association and the NY Department of Health.

### Camp Dress Code

Each camper will receive two ARTScape T-shirts per a session which they are **required to wear every day**. Please remember to label your child's T-shirt with their full name using a permanent marker. Campers should come dressed comfortably and weather appropriate. Our campers will be fairly active this summer so we ask that they wear tennis shoes/sneakers and pool shoes must be worn only during water activities.

## **Lunch & Snack**

Campers meet with their groups in the café and courtyard for lunch. All campers are provided lunch with Red Rabbit. A vegetarian & non-soy lunch options is available. A bag lunch will be provided on trip days. Parents also have the option of providing lunch for their camper. Parents should provide additional snacks and water **daily**. Money should be provided on trip days. ARTScape will provide healthy, low sodium snacks and low sugar beverages or water for campers in the afternoon. Please indicate on your child's medical form any dietary restrictions, allergies, or concerns. **Please also be aware that we are not a nut-free environment.**  
**For information about Red Rabbit, please visit [myredrabbit.com](http://myredrabbit.com)**

## **Swimming**

This year, campers will enjoy instructed and recreational swim twice a week. An aquatics specialist and lifeguards will be present at the pool during swim time. Bathing suits, towels, pool shoes and a swim cap are mandatory on pool days. Please label your child's swimsuits and towels with their full name using a permanent marker. Please provide a combination lock with child's name on pool days. Supervised locker access will be in play. Campers who are swimmers and non-swimmers will need parental consent by signing our **SWIM CONSENT FORM.**

## **Education & Recreation**

Here at HSA, your child will not only have the opportunity to study in the arts but receive a cultural educational component as well. In addition to the morning classes, recreational activities take place two-three times a week; cultural based workshops further enhance their learning experience.

## **Trips**

Campers will travel New York City once a week on field trips highlighting cultural, recreation or performing arts. All trips are fun and age appropriate. Please note that signed consent is required in order for your child to participate in any full day recreational activities or off-site field trips. If we do not have the **TRIP CONSENT FORM** on file, your child's participation in these activities will not be counted.

## **Health & Safety**

Campers' safety is our priority and the health and well-being of your child is most important. First aid kits are provided to CPR & First Aid certified senior counselors in case of emergency. In the events of any medical needs, parents will be contacted by a supervisor. For the health and safety of your child and all of the children in ARTScape Summer Day Camp, **please do not send your child to camp sick**. In case, we in turn may become sick making it difficult to care for the children at the high standards that we have set for ourselves. We can only care for children with mild cold like symptoms that are otherwise feeling and acting well. Mild cold like symptoms are clear runny nose, slight cough, and a slight or no fever. If you are not sure if your child should be brought to camp, please contact us. If a child becomes ill during camp hours, parents will be contacted to pick up their child. Parents will need to pick up their children within **one hour** of being notified. If parents are not available, the emergency contact person will be notified.

## **Camp Schedules, Pick-Up, and Drop Off**

Full Day Campers attend camp from 8:30am- 4:30pm. Please note that early drop-off and late pick-up is available for an additional fee. Full Day campers will participate in field trips, recreational activities, and additional activities in the afternoon. Early drop off is available 7:45am- 8:30am. Extended day is available 4:30pm- 5:30pm. Pick up after 5:30 may result in extra fees or drop off at nearest precinct.

## **Camp Pick-Up Policy**

Due to camp policies and the safety of our campers, only parent or person designated by parent(s) will be allowed to pick up your child. Additional person(s) designated for pick up must be **in writing with indication of person's name and relationship to the camper in order to release the camper.**

## Save the Dates

We end each session with a Showcase for each group, shows will take place on the following dates:

**Session A:** Friday, July 20, 2018

**Session B:** Friday, August 3, 2018

**Session C:** Friday, August 17, 2018

Please mark these dates in your calendar! More information will follow.

## Courtesy of HSA

Each camper will receive:

2 ARTScape T-shirt per session

(Additional T-shirt \$10 each)

**Please write your child's name with a permanent marker on all belongings.**

## Early Drop-off & Late Pick-up

Our traditional drop off and pick up times for camp are 8:30 AM and 4:30 PM. Early drop off will be from 7:45-8:30 AM for an additional \$110.00 per (2) week session. Late pick-up will be from 4:30-5:30 PM for an additional \$165.00 per (2) week session. **Note: Any camper picked up after 6:00 PM will be charged \$10.00 late fee to the payer of the camper's account. This charge will be applied daily. If a camper is not picked-up by 6:45 PM and we have not received any communication from parent/guardian, camper will be escorted to nearest police precinct (AS PER ACS PARENT GUIDE HANDBOOK).**

## Contact Information

Provided below is the contact information for ARTScape 2018 Summer Day Camp Director, Tracy Johnson at (212)926-4100 or ARTScape 2018 Summer Day Camp Assistant Director, Amanda McDowall (212) 926-4100. For any questions and concerns, please do not hesitate to contact us at [artscape@hsanyc.org](mailto:artscape@hsanyc.org). Please keep this information on file for your records. For questions regarding payment and registration please contact us at [info@hsanyc.org](mailto:info@hsanyc.org).

Thank you for reviewing this information packet! We look forward to a wonderful summer with you and your child(ren)!

Warmly,

Tracy Johnson  
ARTScape 2018 Summer Day Camp Director  
The Harlem School of the Arts, Inc.  
T (212) 926-4100  
F (212) 491-6913  
E [TJohnson@hsanyc.org](mailto:TJohnson@hsanyc.org)



ARTScape 2018 Student Medical Form

Student: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_
Last Name First Name Middle Initial
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Grade Entering: \_\_\_\_\_
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Street City State

MEDICAL EMERGENCY RELEASE
In the case of a medical emergency, the School will make every effort to contact you as soon as possible.
Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_ Emergency Contact \_\_\_\_\_
Cell# \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_
Work# \_\_\_\_\_ Work# \_\_\_\_\_ Work# \_\_\_\_\_
In case we cannot reach you, we need your consent to allow the staff to secure the necessary health care in an emergency.
Please read the following disclaimer and sign below.
By signing below, the above named student (and parent(s) or guardian also signing below if the student is under 18 years of age), represent to The Harlem School of Arts that each of the person signing below understands the risks of injury that are described below, and agrees that the above named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, theater classes, music classes or visual arts classes, workshops or activities within. By signing below, the above-named student (and parent(s) or guardians also signing below if the student is under 18 years of age), further agree to hold harmless the School, its agents, Directors, officers and employees all as set forth below.
I am aware that participation in the Classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its directors, officers, employees, and agents for all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the Classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent (s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.
To the best of the knowledge of each person signing below, the student named above is in good health and suffers no disability or condition which renders his or her participation in the classes or other activity inadvisable, or otherwise limits his or her ability to participate in such activity dance or theater activity or other activities without restriction.
I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury; to give consent as otherwise would be necessary.
Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student’s physician and/or emergency numbers given by me on this form.
Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH INSURANCE INFORMATION

<b>Name of Insurance Carrier:</b>	<b>Telephone Number:</b>	
<b>Address:</b>		
<b>Name of Subscriber:</b>		
<b>Type of Policy:</b>	<b>Policy Number:</b>	<b>ID Number:</b>

**PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN (if any) CARDS TO THIS FORM**  
 If you belong to an HMO and would like your child referred to a specific primary care physician or specialist, please indicate in writing.

<b>HEALTH HISTORY</b>															
Allergies (including environmental):															
Chronic Illnesses:															
Medications:															
<b>MEDICATION RELEASE</b>															
I give permission to The Harlem School of Arts staff to administer the following medication in age-appropriate doses to my child on an as-needed basis:															
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Tylenol/Ibuprofen:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Decongestants</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Antihistamines</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Antacids</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Yes	No	Tylenol/Ibuprofen:	_____	_____	Decongestants	_____	_____	Antihistamines	_____	_____	Antacids	_____	_____
	Yes	No													
Tylenol/Ibuprofen:	_____	_____													
Decongestants	_____	_____													
Antihistamines	_____	_____													
Antacids	_____	_____													
<b>Signature of Parent/Legal Guardian:</b> _____ <b>Date:</b> _____															

**MEDICAL REPORT: *To be completed by your child's health care provider***



**Annual** medical checkups are required to attend The Harlem School of Arts.

**IMMUNIZATION RECORDS**

According to NY state law, all students must have the following:

1. Two measles shots after their first birthday
2. One mumps, one rubella after their first birthday
3. Diphtheria/tetanus booster shot within the past 10 years
4. Tuberculin test within the past two years, if previously negative.

Students who are not in compliance with New York State Immunization laws will not be able to attend The Harlem School of the Arts.

**All exemptions must be approved, in writing, by the New York City Department of Health.**

**ATTENTION FOREIGN STUDENTS:** You must comply with NY State regulations concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG one year ago or more, you must have a PPD test and, if positive, you must have a chest X-ray and be placed on preventative antibiotic treatment. Students who are not complaint will be sent to the Department of Health for evaluation.

I verify that all immunizations are up to date for this student. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

***Ballet training requires each student to be able to complete and participate in a full range of physical activities. I certify that this student is physically capable of participating in ballet training.***

\_\_\_\_\_  
Signature of Healthcare Provider Date

\_\_\_\_\_  
Print or type the Name of the Healthcare Provider Address Telephone Number

**PLEASE RETURN THIS FULLY COMPLETED HEALTH FORM via mail or in person to:**

The Harlem School of Arts  
Tracy Johnson  
ARTScape 2018 Summer Day Camp Coordinator  
645 Saint Nicholas Avenue  
New York, NY 10030



## ARTScape 2018 Summer Day Camp Conduct & Discipline Policy Form

The Harlem School of the Arts, ARTScape 2018 Summer Day Camp Program provides a fun, supportive and safe environment for children to learn and develop. It is our responsibility to ensure the safety of all children. HSA’s summer camp staff will make every effort to help children understand the difference between the importance of acceptable and unacceptable behavior.

### **Behavior Expectations**

- Children must cooperate with staff and follow directions at all times
- Children must respect other children, staff, HSA equipment and facilities
- Children must stay with their designated group or counselor(s)
- Children must refrain from any behavior that threatens the safety or well-being of any child or staff person in our program, including themselves

### **Threatening behaviors that are unacceptable include, but not limited to:**

- Making fun of, insulting, or bullying someone
- Making obscene gestures or comments
- Punching, kicking, slapping, biting, or using physical violence of any kind
- Using foul language and profanity
- Taking someone’s belonging without permission or stealing
- Writing inappropriate things about someone other campers, staff etc.
- Gossiping about someone
- Threatening someone with verbal/physical violence
- Violating someone’s personal space/privacy

### **ARTScape 2018 Summer Day Camp Discipline Policy & Process**

**First Offense:** A verbal warning

**Second Offense:** Positive Redirection /Time Out

**Third Offense:** Any child unable to comply with the behavior expectations, the site Coordinator and/or Director will set up an in-person conference with the parent/guardian

**Fourth Offense:** If the child continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal. (Probation may be a consideration)

**\*Failure of the parent/guardian to attend conferences and cooperate with Camp Policies, will subject the child to suspension or permanent dismissal from the program.**

The use of corporal punishment is not allowed in HSA’s ARTScape 2018 Summer Day Camp program. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force of the body included but is not limited to spanking, slapping, biting and shaking.

**I have read, understand and agree with the policies as stated in this document and discussed the expectations of behavior with my child.**

Parent/Guardian Signature: \_\_\_\_\_

Name of child attending Summer Camp \_\_\_\_\_

*(Please Print)*



## ARTScape 2018 Summer Day Camp 2018 Swimming Permission Slip Consent

I give permission for my child to participate in recreational swimming activities.

Please check one:

My child is a swimmer. (My child can swim in 4 or more feet of water without assistance).

My child is a non-swimmer.

**\*All swimmers and non-swimmers will be tested their first week to assess their swim level (shallow/deep) prior to participating in any recreational swim activities.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ARTScape 2018 Summer Day Camp 2018 Photo/Video Consent

I, agree to give The Harlem School of the Arts the right and permission to use my child and/or my child's name, picture (photograph, video or illustration), written or spoken words for reproduction in any publication or media prepared by HSA.

I waived any right to inspect or approve the finished materials that include my child and /or my child's name, picture and/or written or spoken words. I knowingly and voluntarily agree to hold harmless the Harlem School of Arts regarding the reproduction, publication, or other use of the Student's Likeness and Work, and further acknowledge and agree that by signing this Agreement, I waive any claim or cause of action I otherwise might have against the School regarding such usage or damage resulting therefrom.

**I have read this release and am familiar with its contents.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## ARTScape 2018 Emergency Contact Form

### **TO ALL PARENTS AND GUARDIANS:**

The information requested on this form is important for your child and The Harlem School of the Arts. In the event of an emergency situation in school (i.e. serious accident or illness) requiring more than normal first aid procedures, we will use the information on this sheet in the treatment of your child. Please fill out form in it's entirety. Thank you.

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### **Student Information: (Please Print)**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M F

### **Parent/ Guardian Information: (Please Print)**

Parent/ Guardian #1

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

### **Parent/ Guardian Information: (Please Print)**

Parent/ Guardian #2

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_



## ARTScape 2018 Release of Student

**RELEASE OF STUDENT** (Please only list individuals who have not been named in the Parent/Guardian Information section above), all telephone numbers should be kept up to date in case of emergency.

**My child will be picked up after camp by one of the individuals listed in the Parent/Guardian Information section or one of the following individuals:**

1. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_



645 Saint Nicholas Avenue  
New York, NY 10030



## ARTScape 2018 Summer Day Camp Welcome Packet Checklist 2018

**(Please Print)**

\_\_\_\_\_

Camper Name

\_\_\_\_\_

Camper Age

\_\_\_\_\_

Parent Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Email Address

Have I turned in my:

- Registration Form
- HSA Medical Form
- Physical Medical Form for the 2017/2018 school year
- Emergency Contact Form
- Camp Conduct & Discipline Policy Form
- Swim Consent
- Photo/Video Consent Form
- Trip Itinerary & Consent
- Daily Schedule
- Parent Agreement
- Copy of medical insurance card (Front and back)

***For office use only: Once all forms are completed***

Group \_\_\_\_\_ Medical Concerns \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



## ARTScape 2018 Parent Agreement

- Half Day Campers **will not** participate in field trips, recreational activities, and additional activities in the afternoon.
- Parents are also responsible for submitting a signed copy of the **Student Medical Form** and complete all other registration documents (conduct & discipline, swimming permission slip, photo/video consent, emergency contact and trip itinerary) **due no later than Friday, June 22, 2018.**
- Parents must pay in **FULL no later than June 22, 2018** to begin session(s) in ARTScape 2018. Unpaid balances as of **June 22, 2018** will result in camper not participating in ARTScape 2018 Summer Day Camp. Any registration form accepted **after July 9, 2018** will pay a **FULL** one-time payment of tuition fees.
- Once a camper has registered, the payer of the camper’s account is responsible for **FULL** payment of tuition for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so 4 weeks prior to the first day of the session by the following method:

Submit a withdrawal or cancellation request via email to [info@hsanyc.org](mailto:info@hsanyc.org)

- Parents/guardians wishing to withdraw and camper from camp **after** July 9, 2018 must do so within the first 2 days of camp by the following method:

Submit a withdrawal or cancellation request via email to [info@hsanyc.org](mailto:info@hsanyc.org)

Refund requests made within one month prior to **July 9, 2018**, will result in a **FULL** refund.

Refund requests made **after July 9, 2018**, will result in **no refund** and a \$100 administration fee will apply.

- For an additional fee of \$110.00 per (2) week session, Early Drop begins at 7:45am. \$165.00 per (2) week session, Late Pick-Up ending at 5:30pm. **Note: Any camper picked up after 6:30pm will be charged \$10.00 late fee to the payer of the camper’s account. This charge will be applied daily. If a camper is not picked-up by 6:45pm and we have not received any communication from parent/guardian, camper will be escorted to nearest police precinct (AS PER ACS PARENT GUIDE HANDBOOK).**

I have read, understand and agree with the terms as stated in this document.

Parent/Guardian Signature: \_\_\_\_\_

Name of child attending Summer Camp \_\_\_\_\_