



Summer Art Camp @ The Center
Morning Art Camp: 9:30 am – 12:30 pm

PLEASE NOTE THE FOLLOWING

The building will open at 9:15 am for camp. On the first day, all parents and students should check in at the table in the lobby.

Children should be escorted directly into the classroom. To avoid confusion and traffic congestion, we ask that parents park in parking spaces to drop off and pick up students. Please do not park in front of the door.

Pick-up time is 12:30 pm promptly. Please come into the building for pick-up, as we cannot take responsibility for children in the parking lot. Parents: if you are not the one picking up your child you must provide the name of the person authorized to take your child home on the attached emergency form.

Staff members cannot provide childcare for students left after 12:30 pm.

Please send along a smock or old shirt for your child to wear as a cover-up.

Staff may take pictures of classes throughout the week for promotional purposes. Children's names are never used with the photos. Please indicate on the emergency form if you do not want your child photographed.

The Center is a participant of **Artsonia.com**, an online student art museum. Throughout the week, we may be uploading photographs of your child's artwork to The Center's online web gallery and provide you with a private log-in so you see what they have been creating. Please indicate on the emergency form if you would like to participate. Not all artwork will be able to be included.

There will be an exhibition of art work created by students during the week on the last day of camp. Family and friends are invited to view the show starting at 12:15 pm and ending at 12:30 pm. Please bring a shopping bag to carry your child's work home. Pottery pieces will need to be picked up at a later time.

**PLEASE REMEMBER TO BRING THE COMPLETED
EMERGENCY FORMS ON THE FIRST DAY.**

We are pleased your child is joining us here at The Center for Contemporary Art for Summer Art Camp!

Norma Rahn
Education Director

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BRING THIS EMERGENCY FORM ON THE FIRST DAY OF CLASS

CHILD'S NAME _____ AGE _____

ADDRESS _____

_____ ZIP _____

PARENT _____ (H)PHONE _____ (W)PHONE _____ CELL _____

PARENT _____ (H)PHONE _____ (W)PHONE _____ CELL _____

GUARDIAN _____ (H)PHONE _____ (W)PHONE _____ CELL _____

EMERGENCY CONTACT _____ PHONE _____

PHYSICIAN _____ PHONE _____

ADDRESS _____

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS _____

SPECIAL INSTRUCTIONS _____

In the event I am unable to pick up my child from Summer Camp, I authorize the following people to do so:

NAME _____ PHONE _____

NAME _____ PHONE _____

I do not want my child to be photographed for promotional purposes.

I grant permission to show my child's artwork on **Artsonia.com**. Email: _____

The Center for Contemporary Art will attempt to contact a parent or guardian in case of emergency. If we are unable to reach a responsible party, we will take reasonable measures to respond to an emergency situation.

I HAVE READ THE ABOVE AND HAVE PROVIDED ALL PERTINENT INFORMATION REGARDING MY CHILD.

Signature _____ DATE _____



2020 Burnt Mills Road · Bedminster, NJ 07921 · Phone: (908) 234-2345 · Fax: (908) 275-8828

Epinephrine Delegate Authorization Form

CHILD'S NAME _____

NAME OF
MEDICATION _____

Condition for which the medication is being administered during camp hours _____

I, _____, parent/guardian of the above named child, give authorization for a delegate to administer epinephrine via pre-filled auto injector mechanism in an emergency and/or in the event of an anaphylaxis reaction.

PARENT/GUARDIAN SIGNATURE

DATE

This authorization is valid from _____ through _____.

By signing this authorization the Center for Contemporary Art shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto injector mechanism to the above named child and that the parent/guardian shall identify and hold harmless the Center for Contemporary Art and its employees or agents any claim arising out of the administration of epinephrine via a pre-filled auto injector mechanism.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN

Refusal for Epinephrine Delegate

CHILD'S NAME _____

I, _____, parent/guardian of the above named child waive my right to have a delegate administer epinephrine via pre-filled auto injector mechanism or the child's self-administration of epinephrine via a pre-filled auto injector mechanism as ordered by my prescriber (MD, DO, ANP).

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN