



Create, Sing, Play and have Fun at Art in the Afternoon

CAMP 1

Friday, June 2
3:00 - 5:00pm
Snack provided

CAMP 2

Friday, June 16
3:00 - 5:00pm
Snack provided

CAMP 3

Friday, July 7
3:00pm - 5:00pm
Snack provided

CAMP 4

Friday, July 21
3:00 - 5:00pm
Snack provided

CAMP 5

Friday, August 4
3:00 - 5:00pm
Snack provided

CAMP 6

Friday, August 18
3:00 - 5:00pm
Snack provided

All crafts and art activities are preschool age appropriate that will encourage kids to celebrate summer and the world around them. Young artists will explore many different mediums and also help make a snack as well as have fun play with friends.

- Art is fun and messy! Dress appropriately!
- All art and snack materials are included.
- Return one completed registration form per child.
- All payments are non-refundable unless camp does not meet minimum enrollment.
- Make checks out to SOJ!. Each camp is \$25.00 per child.
- Due to safety concerns, we cannot admit children with severe allergies or medical conditions.

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**Art in the Afternoon
Summer Camp Registration
\$25 per camp on Friday afternoons**

Please check date(s) camper will attend:

_____ June 2 _____ June 16 _____ July 7
_____ July 21 _____ August 4 _____ August 18

Camp Information

Please return registration form and payment (made payable to SOJ!) to:
Spirit of Joy! Lutheran Church, Paula Wolsted, Office Administrator
Email: Paula Wolsted pwolsted@sojoy.org Office Phone Number: 936-271-0893

On arrival children must be left with a staff member AND signed in.
Children will be released only to their parent(s) or an adult designated in writing.

Child(ren) Information:

Name: _____ Age: _____

Name: _____ Age: _____

Emergency Contact Information:

Emergency Contact: _____

Emergency Contact Phone Number: _____

Person(s) other than parent (include phone #'s) allowed to pick up your child:

Emergency and Liability Release:

I will not hold "Art in the Afternoon", Children of Joy! Preschool, SOJ! Lutheran Church and/or their staff responsible for accidents, claims and/or damages arising from my child's participation in camp activities. I give my consent for necessary emergency treatment when my child is in need of care from any emergency medical service, physician and/or hospital. In the event I cannot be reached in an emergency, I authorize the staff/ person in charge to take my child to the following physician or nearest emergency treatment center as needed. Signing this form indicates I have read it in its entirety and agree with the terms set forth. I give SOJ! Lutheran Church, COJ!, and "Art in the Afternoon" permission to use and photograph/video my child taken at "Art in the Afternoon" for future promotional materials and any legitimate business purposes at no additional cost or commission.

Print name:

Relationship to child:

Email:

Phone number:

Signed: Date: