



# Creative Arts Camp

Ages 2.5 - 5

Calling all Moon, Tree, and Sun Room students who want the Sundance Experience to continue in the summer! Campers expand their knowledge-base and extend their fun and friendship through lessons in classic literature, the natural sciences, and arts & crafts. Whether filling birdfeeders in our nature center, making stories take flight, or sculpting a work of art, campers will use their imaginations and senses to bring learning to life.

Every day of summer will be filled with wonder.

Sign up for 1, 2, or all 3 sessions!

**SCHEDULES & FEES:** You may choose more than one session

**Camp hours are 9:00AM to 3:00PM**

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|--------------------------|-------------------------------|--------|
| <input type="checkbox"/> | Session 1: June 19 – June 30  | \$ 800 |
| <input type="checkbox"/> | Session 2: July 10 – July 21  | \$ 800 |
| <input type="checkbox"/> | Session 3: July 24 – August 5 | \$ 800 |

**TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ \_\_\_\_\_**



Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Male  Female **Birthdate:** \_\_\_\_\_

Address & Town: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ This is a  cell phone or  home phone (check one)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Sundance is open from 9:00AM– 3:00PM.**

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations:

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If the school fees the services of a physician are required, the following physician is authorized to treat my child.

Name	Phone
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In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

Name	Address	Phone	Relationship to child