



Planning fun summer activities? Registration for Summer Art Camp 2017 is NOW OPEN! Bring your friends and family! We look forward to seeing YOU!

Art class

Join us for crafts, painting, creative projects, music, stories, games... Five half days of fun and learning activities.

AGE:
5 - 14
by Sept 1

FEES:
\$45 / One student
\$80 / Two students
\$100 / Family

NEW

Art & Pantry class

An exciting week of basic cooking, craft, music, stories, games and more.

AGE: 13 - 14
Class size is limited to only 8 students

FEES:
\$45 plus \$10 Supply fee per person

REGISTRATION

IN PERSON AT ACC:

4/23, 4/30 & 5/7
12:45pm to 1:15pm
ACC Fellowship Hall Lobby

Registration forms are available at www.accdfw.org

BY MAIL TO ACC:

Begins April 1

LATE REGISTRATION:

Fee plus \$20 after 5/31

CAMP DATE:

July 24 - 28
9am - noon

OPEN HOUSE:

July 28
11:45am

ART CAMP CREW

817-683-8069 (Jan) • 817-637-2114 (Lily) or artcampacc@gmail.com

ARLINGTON CHINESE CHURCH 805 OAKWOOD LN, ARLINGTON, TX 76012 • www.accdfw.org

2017 ACC Art Camp/Art Class Registration & Waiver Form

(Please print)

Student's name 1: _____ Gender: M or F returning student?: Yes or No
 Age: _____ DOB: __/__/____ Entering Grade in fall: _____

Student's name 2: _____ Gender: M or F returning student?: Yes or No
 Age: _____ DOB: __/__/____ Entering Grade in fall: _____

Student's name 3: _____ Gender: M or F returning student?: Yes or No
 Age: _____ DOB: __/__/____ Entering Grade in fall: _____

Parent's name: _____ Contact Phone: _____

E-mail: (please print)

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Address: _____ City: _____ Zip: _____

Do you attend church regularly? Yes _____ No _____ if yes, which church: _____

Emergency contact person: _____ Contact Phone: _____

Person(s) authorized to drop off / pick up student(s): _____

Student's Food allergies: _____

Waiver Form

In consideration of my child(ren) participation in summer art camp organized by Arlington Chinese Church on July 24 to 28 (9:00am~12:00pm): I will release ACC and all the persons, natural and corporate, in private with them or any kind of them, from an and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise from any liability or any accident that might happen.

Medical Treatment Consent Form

In the event of injury or illness to my child(ren), _____,

Please check one:

I consent to administration of such first aid measures as may be determined necessary by activity leaders, and if determined necessary, I further consent to transport by ground or air ambulance and / or referral to physicians and admission to hospitals.

Or
 I do not consent to administration of such first aid measures as may be determined necessary by activity leaders, and if determined necessary, I further **do not consent** to transport by ground or air ambulance and / or referral to physicians and admission to hospitals.

Signature of Parent / Legal Guardian _____ Date _____

Payment received: \$ _____ Cash or Check # _____ Date: _____

✂----- (cut here and keep the bottom section)

Thank you for registering for the 2017 ACC Summer Art Camp. We look forward to seeing you on 7/24!

Special Note:

- * All payments are non-refundable.
- * Parents, please sign in your children every morning for safety reasons.
- * Parents, please be on time to pick up your children inside the building.
- * Students, wear or bring an old T-shirt to protect your clothes.
- * Students, wear comfortable shoes, but no open-toed shoes for your safety.

CASH RECEIPT	2017 Art Camp
Student's name: _____	
Amount paid: \$ _____	
By: _____	Date: _____

