

registration ...

Child's name _____ Boy Girl
 Date of birth _____ Age as of July 27 _____
 School _____ Grade in Fall 09 _____
(Children must be entering 1st grade or older)
 Mother's name _____
 Address _____

 Phone (h) _____ (w) _____ (c) _____
 Email _____
 Father's name _____
 Address _____

 Phone (h) _____ (w) _____ (c) _____
 Email _____
 Alternate Emergency Contact (Required)
 Name _____
 Phone _____ Relation _____
*I give my permission for my child to participate in all camp activities and field trips,
 to be photographed for future publications, and for my child to be treated for minor
 ailments as necessary.*

 Parent signature _____ Date _____

Sign up for one or both sessions.
 July 27 - 31 Aug 3 - 7 • 9am - 3:30pm (free drop off 8:30-9am)

MAILING ADDRESS: TVMS/Arts Camp, Conn College - Box 5294,
 New London, CT 06320.

REFUND POLICY: Deposit non-refundable. Balance refundable up to one week
 before your child's first day of camp.

CONTACT INFO: Office: P. 860.439-2900 • F: 860.439.5311
 E: tvmsartscamp@conncoll.edu • W: www.tvmsartscamp.org

REGISTRATION SUBMISSION(S): Can be mailed, faxed (860.439.5311) or
 register on-line (tvmsartscamp.org). No phone registrations accepted.

Payment must be received to complete the registration process.



artscamp
 FOR KIDS
 at connecticut college

