

paint & bake ceramics
a paint your own pottery studio



CAMP REGISTRATION FORM

This form must be completed in full prior to your child attending camp.

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

EMERGENCY CONTACT

Primary Emergency Contact _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Relationship to Camper _____

PICK UPS

Is anyone other than the parent listed above allowed to pick your child up from camp? _____ YES _____ NO *If yes, please fill out information below.*

Name of Person Picking Up Camper _____

Home Phone _____ Work Phone _____

Relationship to Camper _____

MEDICAL INFORMATION

Allergies or Special Health Conditions?

Does your child have any life threatening allergies? _____YES _____NO

If yes, what allergy? _____

Does this allergy require an epi-pen? _____YES _____NO

Does your child require any medications to be administered or stored by staff?

_____YES _____NO *If yes, please list medications below.*

Child's Primary Care Physician

Address _____ Phone Number _____

Do we have permission to share photos from camp that include your child on social media sites and in Paint and Bake Ceramics' marketing? _____YES _____NO

Any additional information you would like us to know about your camper? Please use the space below.