

Portlock Galleries at SoNo

2009 Summer Art Camp Information

Thank you for choosing Summer Camp at Portlock Galleries for your child's summer day camp experience! Please read the following information carefully to ensure that both you and your camper are prepared.

DROP OFF AND PICK UP:

- The camp begins at 8:30 AM. The Camp Coordinator or a Camp Instructor will be outside the classroom of the SoNo Studios building each morning to greet you. Please park in the parking lot next to the butterfly mural. Campers must be escorted inside by a parent/guardian/responsible adult each morning. The Camp Coordinator or Camp Instructor will be available beginning at 8:15 AM. **Please do not drop off your child before this time.** Please sign in your camper and provide the name of the individual picking him/her up at 4:30 PM.
- At pick up, each individual picking up a camper will be required to have a picture ID. Please be prepared to show it to the afternoon staff if requested. This is an important precaution since check in/check out staff may vary from day to day. Please arrive promptly at 4:30 PM for the afternoon pick up; **no aftercare is available.**

SNACKS AND LUNCHES:

- Please provide your camper with two snacks, one for morning and one for afternoon. Campers need to bring their own lunches and beverages. We will provide water for campers.

WHAT TO WEAR AND WHAT TO BRING:

- Campers should dress comfortably. Please remember that we are going to be using some very messy materials, from paint to mud. Bring an extra set of clothes that can be left at the camp throughout the week. Please put on sunscreen before arriving to camp.
- No electronic devices are permitted. The campers will be busy throughout the day so please do not send other toys/books. Look for signs outside the classroom for anything needed the following day.
- Please do not allow campers to bring money.

BEHAVIOR:

- To ensure that all campers have a safe and fun week, we do expect polite and considerate behavior at all times. Camp staff will discuss any child's behavioral issues with parents/guardians in an attempt to fix the problem. If a camper is consistently a disruption to camp or if a severe problem occurs, they may be asked not to return to that and subsequent camper sessions (registration fees will not be refunded)

PLEASE CALL 502-4901 WITH ANY QUESTIONS OR CONCERNS





Summer Art Camp at Portlock Galleries Registration Form

Camper's Name: _____ Age: _____ Sex: _____

Contact Information for Guardian: _____

Address: _____ Home Tel: _____

_____ Work Tel: _____

_____ Cell Phone: _____

City State Zip

Name of Primary Daytime Contact: _____ Phone: _____

Name of Secondary Daytime Contact: _____ Phone: _____

Please check the week(s) your camper will be attending

July 6-10	July 13-17	July 20-24	August 3-7	August 10-14
Big, Small Tiny and Tall	Abstract Environments	Behind the Scenes	People, Places and Things	Journeys through Color
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Member Price for One Week of Camp is \$160

Member Price for One Week of Camp is \$145

Thank you for participating in art camp at Portlock Galleries at SoNo. Please note that a \$75 deposit is due to hold your space in the camp class and is due at the time of registration. The balance is due by the first day of camp. If you are registering for more than one week of camp, the \$75 deposit is due for *each* week of camp. There are no refunds for deposits unless the camp is cancelled by Portlock Galleries at SoNo. Camp registration operates on a first-come basis. To ensure that a space is available for your camper, please call Portlock Galleries prior to sending your registration form and deposit. Checks should be made to:

City of Chesapeake
c/o Portlock Galleries at SoNo
3815 Bainbridge Boulevard
Chesapeake, VA 23324

Date of Registration: _____ Total Amount with this Form: _____

Contact Nicole Benson, Gallery Director, with any questions at 757-502-4901.

For Office Use Only:				
Deposit:	Date:	Total:	Date:	Payment:



Portlock Galleries
at SoNo

Summer Art Camp at Portlock Galleries Camper Information Form

Camper Name: _____

Session(s) to be Attended: _____

Primary Daytime Contact

Name: _____

Relationship to Camper: _____

Address: _____

Phone Number (Day/Work): _____ Cell: _____

Secondary Daytime Contact

Name: _____

Relationship to Camper: _____

Address: _____

Phone Number (Day/Work): _____ Cell: _____

****Please list any other person permitted to pick up your child. Identification will be required at the time of pick up:**

REFUND POLICY: No refunds will be issued for any reason after the camp week has begun, unless the camp is cancelled by Portlock Galleries at SoNo.

LIABILITY/EMERGENCY: While my child, _____, is participating in the Summer Camp at Portlock Galleries, I agree to assume full responsibility for any and all personal injuries and/or property damage or loss which I, or my child, may sustain hereby, and I hereby hold the City of Chesapeake, its employees, and volunteers harmless from any and all damages. In the event of an emergency, I give my permission for the staff and/or volunteers of Portlock Galleries to obtain emergency medical treatment for my child. I understand that, if necessary, my child will be transported by ambulance to the nearest medical facility. I agree that any cost incurred for any transportation and/or treatment will be my responsibility. I give my permission to Portlock Galleries staff to provide my child with minor first aid treatment should the need arise until I can be notified and/or other higher medical care is available.

PHOTOGRAPHY RELEASE: I give permission for my child to be photographed at Portlock Galleries at SoNo and I give my permission for these photographs to be used in advertising or news articles relating to Portlock Galleries at SoNo. I relinquish any rights to all photographs, videos, and any other like or related products as a result of the usage of such materials.

By signing, I agree to all of the above.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Complete and return with registration form prior to the start of camp.



Portlock Galleries
at SORNO

Summer Camp at Portlock Galleries Medical History Form

Camper Name: _____

Session(s) to be Attended: _____

Please note if the camper above has any special needs or considerations including allergies, chronic illnesses, etc.:

Is the camper above currently taking any medication? Yes No

**Please note, we DO NOT administer any medication.

If so, please list all medication being taken as well as the purpose and possible side effects: _

Is the above child on a special diet? Please explain. _____

What is the date of the above camper's last tetanus shot? _____

Primary Medical Caregiver information in case of an emergency:

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Your signature on this form indicates that the above statements are true to the best of your knowledge.

Signed: _____ Date: _____

Relationship to camper: _____

Complete and return with registration form.