

# EMERGENCY CONTACT INFORMATION

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

People to be contacted in the event of an emergency, if the parent(s) cannot be reached:

## EMERGENCY CONTACT #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician or Clinic \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of Dentist or Clinic \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

I give Lincoln Theatre Association permission to transport my child to \_\_\_\_\_  
(Hospital/Clinic)  
for emergency medical care, or to \_\_\_\_\_  
(Dentist/Clinic) for emergency dental care, or to  
the nearest available source of assistance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# HEALTH INFORMATION

List all allergies and any special precautions and treatment indicated for these allergies:

List any medications child is currently taking:

List any chronic physical problems and any history of hospitalization:

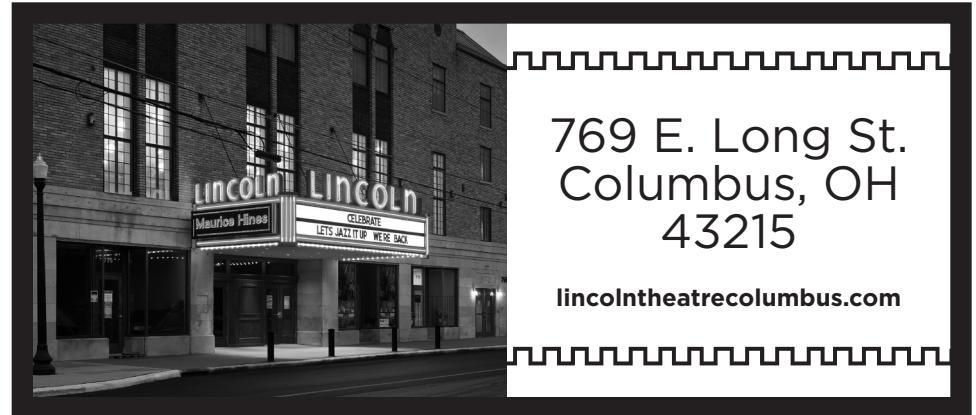
Anything else about your child that you think we ought to know:

If your child has any special needs, please list methods you use that will help your child have a positive experience:

**Note:** A Waiver of Liability will need to be signed for each camp participant on the first day of camp attendance.



Have a blast at the **Lincoln Theatre** this summer!



# June 25-August 3, 2018

**REGISTER** Online at [lincolntheatrecolumbus.com](http://lincolntheatrecolumbus.com)  
Call **614-719-6764**, or mail form to:  
**Lincoln Theatre Summer Camp, 39 E State St., Columbus, OH 43215**

# PATTERNZ SUMMER CAMP 2018

Lincoln Theatre Summer Camp will consist of **5 one-week camps for children ages 6\*-13** designed to spark creativity and a passion for the arts through experience with multiple art forms.

Facilitated by graduates of the **Lincoln Theatre's Artist Incubation Program** and **CATCO is Kids! educators**, campers will begin each day with affirmations of excellence, then rotate through workshops in dance, theatre, music, and visual arts. At the end of each week, campers will put on a program for their families to show what they've learned throughout the week.

And every artist knows it's important to be well-rounded! Children will also participate in activities offered by our Summer Camp partners:

- **The Ohio State University and Wexner Medical Center** will provide weekly off-site field trips to science adventure programs
- **Columbus Area Integrated Health** will facilitate weekly sessions on the harmful effects of alcohol, tobacco and other drugs
- **Local Matters** will teach clean food preparation and light gardening

You can choose whether to enroll your child in certain weeks, or every week, of camp this summer. Each week will offer different activities, including off-site field trips, to keep the fun rolling!



<b>WEEK 1</b> June 25-29	<b>WEEK 2</b> July 9-13	<b>WEEK 3</b> July 16-20	<b>WEEK 4</b> July 23-27	<b>WEEK 5</b> July 30- August 3
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## Camps run Monday through Friday from 9 am-4 pm each day.

**Drop-off:** 8:30-9 am | **Pickup:** 4-4:30 pm

We will provide a healthy morning and afternoon snack. All campers must bring a brown bag lunch daily.

**Please note:** There is no camp the week of July 2, due to the Fourth of July holiday.

**Cost per week:** \$110 per child (9 am-4 pm each day)

### ADDITIONAL CARE SERVICES:

Pre-care available from 7-8:30 am; post-care available from 4:30 pm-6 pm.

**Cost per week:** \$25 for pre-care OR post-care; \$50 for pre-care AND post-care

For more information, visit [www.lincoltheatrecolombus.com](http://www.lincoltheatrecolombus.com)

# SUMMER CAMP REGISTRATION FORM

*Please fill out ONE form per child and mail to:*  
**Lincoln Theatre Summer Camp, 39 E State St., Columbus, OH 43215**

You can also register online or by phone! [lincoltheatrecolombus.com](http://lincoltheatrecolombus.com) | 614-719-6764

**Camper's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

PARENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

- I agree to have my child photographed during class sessions for promotional use by the Lincoln Theatre Association and CAPA.
- I give my child permission to leave the premises of the Lincoln Theatre to visit The Ohio State University campus as part of the Lincoln Theatre Patternz Summer Camp 2018. I understand that my child will be fully supervised by camp staff.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Select camp(s) below.

*Designate if additional care is required by selecting "pre-care" or "post-care".*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Week 1</b><br>June 25-29<br><input type="checkbox"/> Pre-care<br><input type="checkbox"/> Post-care | <input type="checkbox"/> <b>Week 3</b><br>July 16-20<br><input type="checkbox"/> Pre-care<br><input type="checkbox"/> Post-care | <input type="checkbox"/> <b>Week 5</b><br>July 30-August 3<br><input type="checkbox"/> Pre-care<br><input type="checkbox"/> Post-care |
| <input type="checkbox"/> <b>Week 2</b><br>July 9-13<br><input type="checkbox"/> Pre-care<br><input type="checkbox"/> Post-care  | <input type="checkbox"/> <b>Week 4</b><br>July 23-27<br><input type="checkbox"/> Pre-care<br><input type="checkbox"/> Post-care |   |

### Total number of weeks:

\_\_\_\_\_ x \$110 = \$ \_\_\_\_\_

### Total number of additional care services:

*(in weeks)*

Pre-care: (7-8:30 am)

\_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Post-care: (4:30-6 pm)

\_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Both pre-care & post-care:

\_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

### TOTAL

\$ \_\_\_\_\_

### Payment Method

Check enclosed (payable to Lincoln Theatre Association)

**or**

Credit Card (choose one):

\_\_Visa \_\_Mastercard \_\_American Express \_\_Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Camper must turn 6 on or before May 30, 2018.