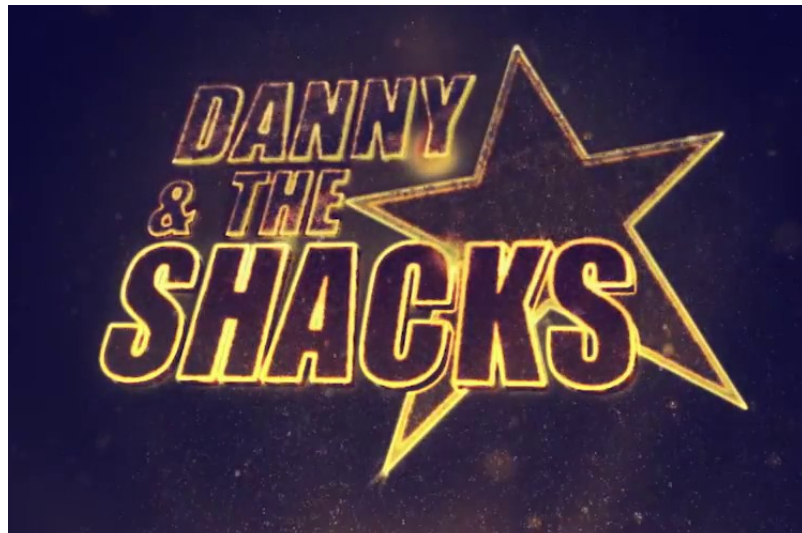


Performing Arts Day Camp 2018

For children who have completed grades K* – 5

*And will be 6 by 8/31/18



Begins: Sunday, June 17

5:00 pm - 8:00 pm

Continues: Monday, June 18 - Friday, June 22

9:00 am - 12:30 pm

Performances

Friday morning, June 22 at 10:00 am at Croasdaile Retirement Community

Friday night, June 22 at 7:00 pm at Mt. Sylvan UMC

Cost

\$50.00 per camper

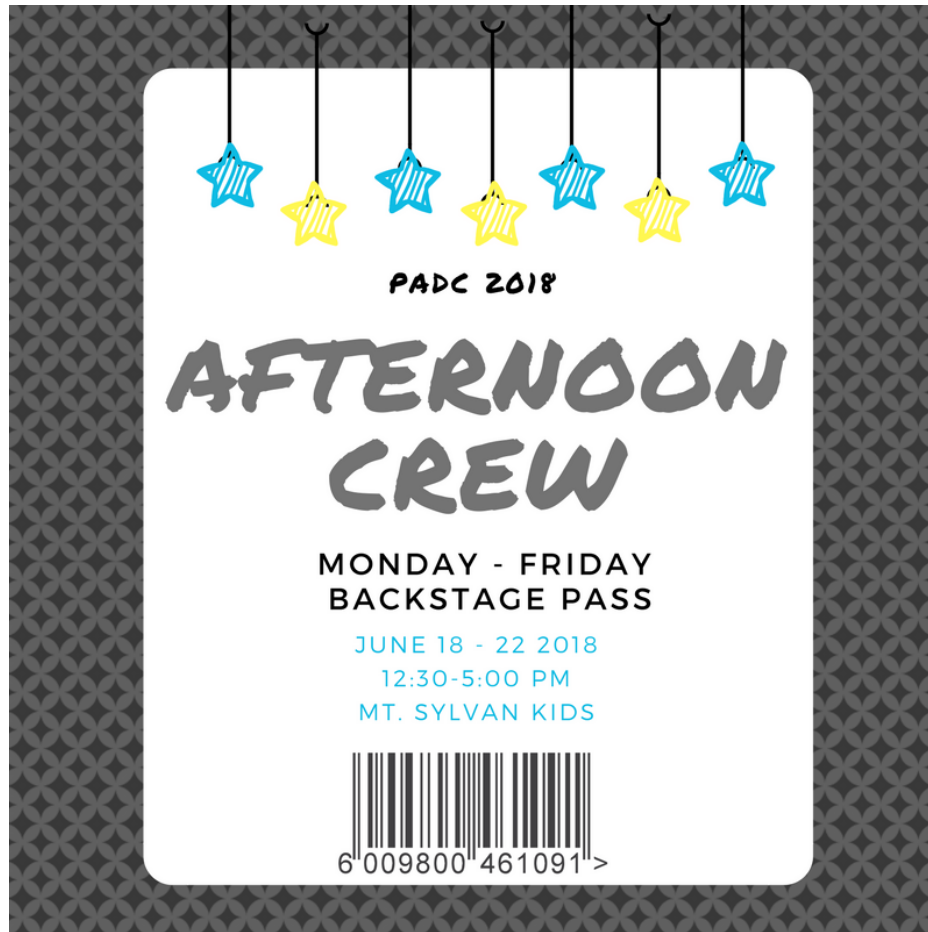
Please include your payment with your registration form.

Each day of camp your child will participate in singing, learning choreography, practicing lines and solos, recreation, crafts, and dancing.

On Sunday night, our supper will be a snack supper in the fellowship hall.

Each day of camp we will serve snack and lunch starting at 12:30.

Please, plan to bring a snack to share for the Friday night celebration after the concert.



ELEMENTARY STUDENTS ONLY

Each afternoon following PADC, from 12:30pm-5:00pm, our Afternoon Crew will get the chance to explore Durham through exciting afternoon trips!

Each trip includes Lunch at the Church starting at 12:30 and each location is guaranteed to be full of fun!

All Elementary aged PADC participants are invited to participate.

*The cost for these trips is additional to the cost of the Day Camp.

Cost per camper/all trips- \$50

Cost per camper/per day- \$15

Scholarships are available.

*Afternoon trips include lunch and the cost of location.

*Pick-up is at 5pm each day in the Fellowship Hall

PADC REGISTRATION FORM 2018

Child #1's Name _____ Birthday _____ Grade Completed _____

Which school does this child attend _____

T-Shirt Size (circle) Child 6/8 Child 10/12 Child 14/16 Adult Small Adult Medium

Does your child have any dietary restrictions? _____

Will your child need to take any medications while at camp? _____

My child would like: a solo A speaking part

Children must attend both performances to be considered for a solo or speaking parts

My child will attend performances on: Friday morning Friday evening

Child 2's Name _____ Birthday _____ Grade Completed _____

Which school does this child attend _____

T-Shirt Size (circle) Child 6/8 Child 10/12 Child 14/16 Adult Small Adult Medium

Does your child have any dietary restrictions? _____

Will your child need to take any medications while at camp? _____

My child would like: a solo A speaking part

Children must attend both performances to be considered for a solo or speaking parts

My child will attend performances on: Friday morning Friday evening

Family Information

Mailing Address _____ City _____ Zip code _____

Home phone _____ Where does your family attend church, if anywhere? _____

Mother's Name _____

Work number _____ Cell number _____

Preferred email for PADC Communication _____

Father's name _____

Work number _____ Cell number _____

Preferred email for PADC Communication _____

**Who has permission to pick up your child after PADC?
List all names and their relationship to your child.**

NAME	CONTACT NUMBER	RELATIONSHIP

**In case of an emergency where neither parent can be reached, who should we call?
List all names and their relationship to your child.**

NAME	CONTACT NUMBER	RELATIONSHIP

**Can we use your child's picture on church promotional materials or on the church website?
(Please initial your response.)**

Printed church promotional materials
 _____ yes _____ no

Church website
 _____ yes _____ no

Parent signature to authorize use of child's picture _____

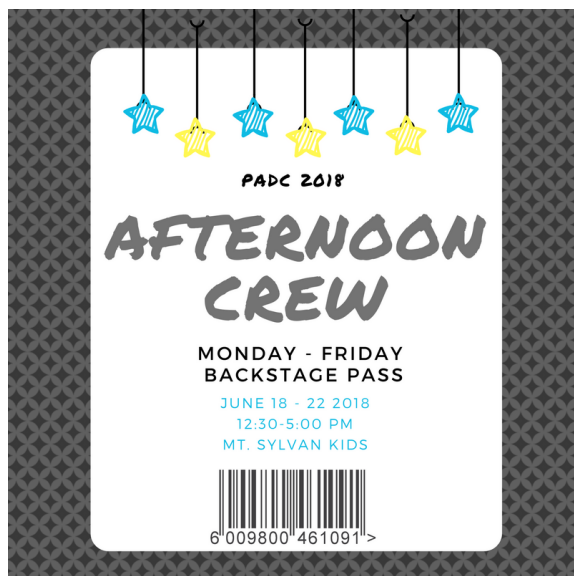
How are you willing to help with PADC this week

- | | |
|---|---|
| <input type="checkbox"/> Serve as a daily chaperone | <input type="checkbox"/> Chaperone or drive Friday morning |
| <input type="checkbox"/> Provide snack or help serve Lunch | <input type="checkbox"/> Help clean up Fellowship Hall Friday night |
| <input type="checkbox"/> Help set up Fellowship Hall Sunday afternoon | <input type="checkbox"/> Help clean up Sanctuary Friday night |

PADC Payment Information

Total number of Children _____ x \$50.00 per child = Total cost for PADC \$ _____

Payment enclosed- Total \$ _____ Check #- _____



Afternoon Crew Registration

Child's Name _____ Age: _____ Grade: _____
--

Child's Name _____ Age: _____ Grade: _____
--

Please indicate which days your child(ren) will be participating in our Afternoon Activities

Monday –June 18th (Palace Pointe) _____

Tuesday – June 19th (Life & Science Museum) _____

Wednesday- June 20th (Sky Zone) _____

Thursday- June 21st (Tie Dye Party @Mt. Sylvan) _____

Friday- June 22nd (Painting Party @Mt. Sylvan) _____

Payment Information

The cost for each day is \$15 or \$50 for the whole week *per child*.

Using this information please indicate the total payment due.

Payment enclosed: Total payment: _____ Check #: _____

Transportation Release

I, _____, give permission
for _____ to be transported by Mt. Sylvan UMC.

Permission to transport is valid from June 17, 2018 to June 16, 2019

Signature or Parent/Guardian _____ Date: _____