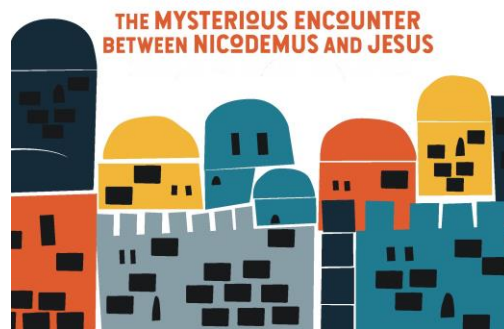


Mt. Sylvan Church
Performing Arts Day Camp
For children who have completed grades K – 5*



Sunday, June 23 5:00 pm - 8:00 pm
Monday, June 24 - Friday, June 28, 9:00 am - 12:30 pm

Performances – Friday, June 28, 2019
10:00 am at Croasdale Retirement Community
7:00 pm at Mt. Sylvan UMC

\$50.00 for each camper
Please include your payment with your registration form.

Each day of camp will include singing, learning choreography, practicing lines and solos, recreation and games, crafts, and dancing. Sunday night will include a snack supper. Weekdays will include a snack. Friday will include lunch after singing at the retirement home. Please plan to bring a snack to share at our celebration on Friday night after the performance.

*Birthdate must be prior to August 31,

PADC Registration Form 2019

Child's name _____ Birthday _____ Grade completed _____

Child's name _____ Birthday _____ Grade completed _____

Address _____

City _____ Zip code _____ Home phone _____

Mother's Name _____

Cell number _____ Work number _____

Preferred email for PADC Communication _____

Father's name _____

Cell number _____ Work number _____

Preferred email for PADC Communication _____

How will you help with PADC?

Serve as a helper _____ everyday
_____ specific day(s) _____

Provide snack _____

Help set up Fellowship Hall Sunday afternoon _____

Serve as a chaperone/driver Friday morning _____

Help clean up Sanctuary/Fellowship Hall Friday night _____

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

Printed church promotional materials

Church website

_____ yes _____ no

_____ yes _____ no

Parent signature to authorize use of child's picture _____

PADC payment amount enclosed: (\$50 per child) _____

Check # _____

Child(ren) attends which school(s)? _____

What church do you attend? _____

T shirt size(s) (circle) Child 6/8 Child 10/12 Child 14/16 Adult Small Adult Medium

My child would like: A solo _____ A speaking part _____

****Children must be in attendance at both performances to be considered for solo and speaking parts.****

My child will attend performances on: Friday morning _____ Friday night _____

Does your child have any dietary restrictions?

Does your child take any medications that we should be aware of?

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

NAME	RELATIONSHIP

In case of an emergency and we cannot reach either parent, who should we call?
List names and all phone #s in the order you want us to contact them.

NAME	CONTACT #s