



Dear Parent or Guardian,

Thank you for joining The Handwork Studio® Summer Camp! We look forward to an exciting 2010 camp season! Below is listed important information to ensure a your child(ren) a fun and exciting camp experience.

**What to expect:**

- Please remember to pack a non-refrigerated **lunch and snack** if you are attending camp from at least 9:00am- 1:00pm. We do not share food or provide food due to allergies.
- We are a peanut free camp. We do not allow any of our campers to bring peanut products due to the high numbers of campers with allergies
- Dress in comfortable clothes so that you are ready to have fun!
- We ask that cell phones not to be used during camp hours. For emergencies please contact the studio.

**Pick-up procedure**

- We ask that campers arrive no earlier then 10 minutes before the start of their camp session.
- Each camper must have a parent/guardian or alternative pick-up sign out each day at departure.  
\*This is unless there has been notice that your child may walk.
- Alternative pick-ups most show ID in order for The Handwork Studio to release your child

**Forms:**

- Attached is our emergency contact and medical form that we need completed and returned before the start of your registered session.

If you have any questions prior to the start of camp, please feel free to call us at 610-660-9600. We look forward to a great camp season!

Fondly,

Your friends at the Handwork Studio



## Emergency/Medical Form

Camper Name: \_\_\_\_\_

Camp Week(s)(dates enrolled) \_\_\_\_\_

Location: \_\_\_\_\_

### ALTERNATIVE PICK UP FORM

I give my permission to allow my child, \_\_\_\_\_ to go home with \_\_\_\_\_, or walk. I understand that the Handwork Studio will release my child as instructed and takes no responsibility from that point forward.

### EMERGENCY CONTACT FORM

Parent's Cell Number \_\_\_\_\_

Parent's Work Number \_\_\_\_\_

Parent's Cell Number \_\_\_\_\_

Parent's Work Number \_\_\_\_\_

Alternative Contact (Name, Number, Relationship to Child)

Name: \_\_\_\_\_

Number (Daytime & Cell): \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### MEDICAL/SPECIAL NEED INFORMATION

Does your child have any medical issues or special needs? \_\_\_\_\_ If so, please provide us with appropriate instructions to insure a safe and happy camp experience.

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#### Please Read

I authorize The Handwork Studio, and its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety, and I fully release the Handwork Studio and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith. I authorize the Handwork Studio, and its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if a hospital is not readily available, to place my child in the hands of a licensed doctor for treatment.

The Handwork Studio reserves the right to use photos and video taken during classes for Handwork Studio publicity. Registration in a camp or class gives the Handwork Studio permission to use that image without further consent or compensation.

I have carefully read the above information and agree to the conditions stated herein.

Parent/Guardian signature

Date