Performing Arts Day Camp 2017

For children who have completed grades K\* – 5

\*And will be 6 by 8/31/17



Sunday, June 25

5:00 pm - 8:00 pm

Monday, June 26 - Friday, June 30

9:00 am - 12:30 pm

**Performances**

Friday morning, June 30 at 10:00 am at Croasdaile Retirement Community

Friday night, July 1 at 7:00 pm at Mt. Sylvan UMC

**Cost**

$45.00 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 on Friday, after our performance at the retirement home, we will serve lunch. Please plan to bring a snack to share for the Friday night celebration after the concert.

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Each afternoon following PADC, from 12:30pm-5:00pm, the Sylvan Sleuths will find clues and discover a new mystery location to explore and enjoy that day! The mystery location will be kept a secret from our “Sleuths” however the adult in their life will have full access to these trips in advance! One day we may venture to the Planetarium and the next we may have to find our way out of a mystery ourselves! Each day is sure to be an adventure that your child will highly enjoy and will make memories that will last a lifetime!

**All PADC participants are invited to participate.**

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

 Cost per camper/per day- $15 Cost per camper/all trips- $75

\*Afternoon trips include lunch and the cost of location.

\*Pick-up is at 5pm each day

**PADC Registration Form 2017**

Child’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’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 any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
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|  |  |  |
|  |  |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How are you willing to help with PADC this week?**

|  |  |
| --- | --- |
|  Serve as a daily chaperone |  Serve as a chaperone/driver Friday morning |
|  Provide snack |  Help clean up Fellowship Hall Friday night |
|  Help set up Fellowship Hall Sunday afternoon |  Help clean up Sanctuary Friday night |

**PADC Payment Information**

Total number of Children \_\_\_\_\_\_\_ x $45.00 per child = Total cost for PADC $ \_\_\_\_\_\_\_

Payment enclosed- Total $ \_\_\_\_\_\_\_ Check #- \_\_\_\_\_\_\_\_\_\_\_\_



Sylvan Sleuths 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 26th  \_\_\_\_\_\_\_

Tuesday – June 27th \_\_\_\_\_\_\_

Wednesday- June 28th \_\_\_\_\_\_\_

Thursday- June 29th \_\_\_\_\_\_\_

Friday- June 30th \_\_\_\_\_\_\_

**Payment Information**

The cost for each day is $15 or $75 for the whole week ***per child***.

Using this information please indicate the total payment due.

Payment enclosed: Total payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information or for questions

 contact Ms. Elizabeth at Elizabeth@mtsylvan.org

or contact Ms. Kathie at Kathie@mtsylvan.org