For ages :
entering **K thru**
completing **grade 6**

•REGISTER FOR•

2026
Art Camp

AUGUST 11,12 + 13
[Tuesday, Wednesday, Thursday]

6:00pm — 8:00pm

Child's Name _____

Parent/Guardian Name _____

Child's Date of Birth _____ | _____ | _____ Grade Just Completed _____

Address _____

Phone / Cell # (_____) _____ Email _____

Emergency Contact Name and # _____

Allergies / Other conditions we should be aware of?

_____

_____

_____

I, the undersigned parent/guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of Kirkpatrick Memorial Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention if needed while involved in the activities connected with Kirkpatrick Memorial Presbyterian Church's children's programs when I or my emergency contact is unavailable to give such consent.
Please do not send your child to camp if he/she has been ill during the past 24-48 hours.

Parent/Guardian Signature _____ Date _____

NOTE TO CAMPERS!

- **Bring a water bottle to keep you hydrated**
- **Wear clothes than can get paint or other art materials on them (or bring an apron)**
- **We look forward to having creative fun with you!**

Return this form by mail to **KMPC, PO Box 560, Ringoes, NJ 08551**
or email **admin@kirkpatrickchurch.org** or call **908.782.1177**