

## 2020 Summer Camps

Student's Name:		Age:
Please complete following if not a cu	urrant Hands On Students	
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Birthdate:	Allergies:	
Parent's Information :		
Name:	Phone:	
Name:	Phone:	
Email Address:	·····	
Address:		Zip:
Physician:	Phone #:	
Health Insurance and ID Number: _		
People to contact if parents are not	available in an emergency:	
Name:	PhoneNumber:	
Medical Emergency Treatment Cons	ent Form	
l,		
to give consent for all emergency me		
to preserve life, limb, or well-being.		,
6: 1		
Signed	Date	



## 2020 Summer Camps

To register please mail your completed form and payment of your first two weeks of summer camp to: Hands On Art & Play, 2800 SE Harrison St. Portland, Or. 97214 or email registration form and receive an invoice to pay online, <a href="mailto:jennifer@handsonartandplay.com">jennifer@handsonartandplay.com</a>

**All camps are from 9 AM to 12:30 PM.** During the summer there are no before or after school programs. Siblings take \$10 off each week both children are enrolled. Please indicate the days your child will attend:

Date of camps	Mon. \$40	Tues. \$40	Wed. \$40	Thurs. \$40	Total
June 1-4	IVIOII. 940	1 ues. 940	Wed. 940	111013. 940	iotai
The Ocean					
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June 8-11					
Space Camp					
June 15-18					
Recycled Art					
1.1.6.10					
July 6-10					
The Rose City					
July 13-16					
Around the World					
July 20-23					
Dinosaurs					
July 27-30					
Construction					
Aug 3- 6					
Fairy Gardens					
Aug. 10-13					
Water Week					
Aug. 17-20					
Art & Play					
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To see descriptions of the camps please go to our website www.handsonartandplay.com