



Hands On Art & Play 2023 Summer Programs

Hands On offers 9 weeks of summer camps for children ages 3 to 5 years old.

Camps are offered Monday through Thursday, in the morning and afternoons.

Children may attend 2, or 4 days a week, but not attend both morning and afternoon camps on the same day.

Morning Camp Hours, 9 AM to 12:30 PM. Afternoon Camp Hours 1 PM to 3:30 PM.

Please check the days you would like your child to attend.	Monday and Wednesday AM = \$86 PM = \$66	Tuesdays and Thursday AM = \$86 PM = \$66	Monday through Thursday AM = \$172 PM = \$132	Mornings, 9 AM-12:30 or Afternoons, 1-3:30 PM
Session 1. June 5-8 Puppet Time				AM_____ or PM_____
Session 2. June 12-15 Space Camp				AM_____ or PM_____
Session 3. July 10-13 Rolling Along				AM_____ or PM_____
Session 4. July 17-20 Wheels Up				AM_____ or PM_____
Session 5. July 24-27 Into the Woods				AM_____ or PM_____
Session 6. July 31- Aug. 3 Fairy Gardens				AM_____ or PM_____
Session 7. Aug. 7-10 Wonderful Water				AM_____ or PM_____
Session 8. Aug. 14-17 Mini-Monet				AM_____ or PM_____
Session 9. Aug. 21-24 Art & Play				AM_____ or PM_____



CHILD'S NAME: _____

AGE: _____ BIRTHDATE: _____

KNOWN ALLERGIES: _____

PARENTS' NAMES: _____

EMAIL ADDRESSES: _____

PHONE NUMBERS: _____

PHYSICIAN: _____ PHONE NUMBER: _____

HEALTH INSURANCE CO.: _____ HEALTH INSURANCE ID #: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN THOSE LISTED ABOVE:

NAME: _____ NAME: _____

MEDICAL EMERGENCY TREATMENT CONSENT FORM I, _____, (name of parent/guardian) give permission to the staff of Hands On to give consent for all emergency medical, dental, or other care for my child, _____ (name of child). This care may be given under whatever conditions are necessary to preserve life, limb, or well-being.

SIGNATURE: _____ DATE: _____

PHOTOS OF CHILD/CHILDREN: We take lots of photos and add them to the newsletters, social media, and website. Your child's name will never be shared on the site or in any publications.

____ Yes, my child's photo/s may be included! ____ No, my child's photo/s may NOT be included!

To register, mail/email completed forms to:

Hands On Art & Play, Inc. 2800 SE Harrison St. Portland, OR 97214

Jennifer@handsonartandplay.com