



KidzArt Kailua Summer Camp 2017

Ages 5-10

9:00AM-12:00PM Monday-Friday

Camps limited to 14 students.

Give your child the opportunity to learn drawing skills that will last a lifetime through fun art exercises and techniques with our talented KidzArt Certified Instructors! KidzArt Camp is held in a supportive atmosphere that allows each participant to feel relaxed and ready to create. Each student will have access to quality professional art materials. KidzArt goes far beyond other art programs in offering fun, inspiring and educational opportunities for your artist!

KidzArt Kailua is the only program of its kind in Hawaii.

Island Style

Time to do it Island Style! Aloha shirts, our music, your favorite beach activities, and the animals and plants around us that share our home are all beckoning us to draw, paint, and sculpt them into creations of our own! Hele mai to KidzArt Kailua!

June 5-9

June 26-30

\$195

(This camp price includes an additional \$10 supply fee for special ordered materials)

Wild Things

Explore the wild, and not so wild, life around us! We'll create exciting animal-inspired pieces from a variety of media and capture animals doing funny things! Each young artist will experience a part of the animal world they may not have considered before while working with many different materials and mediums throughout the week.

June 12-16

July 10-14

\$185

Out of This World

Join with friends as we launch into an exciting galaxy of drawings and projects! Voyage to realms both real and imagined! Design your own planet as you experiment with sculpture, painting, and projects to thrill any outer space explorer. When you arrive, receive your Ticket to Outer Space and begin an art journey that is "Out of This World!"

June 19-23

July 10-14

\$185



KIDZART KAILUA CAMP LOCATION
 St. Christopher's Episcopal Church
 93 N. Kainalu Drive
 Kailua, HI 96734

REGISTER ONLINE
www.kailua.kidzart.com

(Sign up as an Active user and have your processing fees waived)

Late Registration: 3 weeks prior to camp start date, prices increase \$20.
 Registration Deadlines: Monday of the week before your selected camp date.

SAVE THE DATE: Friday at 12pm each camp week, join us for an art gallery showcasing your child's artistic accomplishments during their KidzArt Camp week!

What to bring to camp: Water bottle and snack each day. Please wear play clothes or KidzArt T-Shirt.

MAIL-IN REGISTRATION FORM

 Summer Camp 2017

Camper's Name _____ Date of Birth _____ Grade _____
 Primary Parent/Guardian Name _____
 Mobile Phone Number _____ Secondary Number _____
 Street Address _____ City _____ Zip _____
 Secondary Parent/Guardian Name _____
 Secondary Parent/Guardian Phone _____
 Emergency Contact Name _____ Relationship to Camper _____ Phone _____

Please Select Camp Week Options:

<input type="checkbox"/> June 5-9 Island Style	\$195 (\$215 after May 15)		
<input type="checkbox"/> June 12-16 Wild Things	\$185 (\$205 after May 22)	Total	\$ _____
<input type="checkbox"/> June 19-23 Out of This World	\$185 (\$205 after May 29)	Check	# _____
<input type="checkbox"/> June 26-30 Island Style	\$195 (\$215 after June 5)		
<input type="checkbox"/> July 10-14 Wild Things	\$185 (\$205 after June 19)		
<input type="checkbox"/> July 10-14 Out of This World	\$185 (\$205 after June 19)		

Youth KidzArt T-Shirt Size (FREE) ___S ___M ___L

Camp t-shirt, all artist-quality supplies, and professional instruction are included.

Please mail this bottom half and pages 3-4 (page 5 may be brought to the first day of camp) with your check payment to:
 KidzArt Kailua
 534 Iliaina Street
 Kailua, HI 96734

SUMMER CAMP CANCELTION POLICY

You are enrolled upon receipt of payment in KidzArt Camp. There are no refunds after May 15. Cancellations April 24th-May 14th will receive a 75% refund. Cancellations April 23rd and earlier will receive a full refund less a 5% fee incurred by our company for registration and credit card fees.

Parent Signature _____ Date _____



KidzArt Camps Policies and Waivers Form

Please initial each paragraph and sign the bottom of the form to verify your acceptance of terms.

PURCHASE POLICY

___ Disclaimer: I understand I am committing to participation in KidzArt Camp(s) and reserving a place in camp(s) for the selected programs on my registration form above. I have read and understand the information provided in this flyer. My child is enrolled upon receipt of payment in KidzArt. There are no refunds within 21 days of camp. 21-42 days, a 75% refund is available. More than 42 days, a full refund is available minus a 5% fee to cover costs already incurred by KidzArt Kailua for registration and credit card fees.

___ I understand a returned check fee of \$20 will be charged to me to cover charges incurred by KidzArt Kailua if my check is returned.

___ I understand it is my responsibility to pick up my child from the designated classroom at the designated end time unless other arrangements have been made in writing to KidzArt Kailua.

Late Pick-up Policy: After the first 15 minutes, \$10 will be charged each additional 15 minutes.

MEDICAL AND LIABILITY RELEASE

___ I waive any claim against KidzArt, LLC, KidzArt Kailua owners, staff and teachers in the event of an accident, injury or loss of personal items. I request that in my absence, the above-named child be admitted to any hospital or medical facility for diagnosis and treatment.

___ I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above-named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.

___ I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above-named child in the event of an accident, injury, sickness, etc. Any representative of KidzArt is designated to act in my behalf until I have been contacted.

Participant's Name

Date of Birth

Parent/Guardian Signature

Today's Date



KidzArt/TeenzArt/Palette Up! Camps and Classes Photo and Video Release Form

Please initial each paragraph below and sign the bottom of the form to verify your acceptance of terms.

____As parent or guardian, I, give consent for myself or my child to be videotaped (with audio) or photographed by KidzArt or the news media at a KidzArt Kailua session or function. Additionally, I hereby give KidzArt or the news media consent to use my images, my child’s images, and/or images of creative works generated by myself or my child, on the internet, on an educational CD, on promotional materials, or any other electronic/digital media. I understand that I or my child will be identified by first name and age or grade only for confidentiality purposes, as the author of said work. I waive any right to inspect or approve the finished product and give permission to edit and adapt images as appropriate.

____I further relinquish to KidzArt/Art Innovators* all rights, title, and current and future interest I may have in still photograph, video tapes (w/audio), negatives, prints, reproductions, and copies of originals. I understand and consent that these items belong entirely to KidzArt/Art Innovators. I give my permission for KidzArt/Art Innovators to copyright this material so that KidzArt/Art Innovators and its Licensees and assigns may duplicate, distribute, broadcast, exhibit, or otherwise use any portion of it without limitation or restriction. I intend to be legally bound by this release.

Participant’s Name

Date of Birth

Parent/Guardian Signature

Today’s Date

*In certain states where other art programs operate under a similar name to KidzArt, KidzArt uses the brand name Art Innovators. The head corporate entity uses the dba KidzArt/Art Innovators to include both programs in the same LLC.



KidzArt Camp
Medical Information Form
Must Be Received by the First Day of Camp

Camper's Name _____ Birthdate _____

Parent/Guardian Name _____

Primary Phone Number _____

Emergency Contact Name _____ Phone Number _____

Relationship to child _____

Family Physician Name _____ Phone Number _____

Family Dentist Name _____ Phone Number _____

Please list any allergies your child has and precautionary measures needed

Please list any medications your child is taking during camp and/or any health conditions KidzArt Instructors should be aware of

Insurance carrier _____ Group Number _____

The information provided above is true and correct, without omissions, to the best of my knowledge. I authorize KidzArt Kailua to provide this important information to medical professionals in the case I am not available during a medical emergency affecting my child and agree to medical treatment of my child as written in the Medical and Liability Release Waiver signed by me on page 3 of this packet.

Parent/Guardian Signature _____ Date _____

For Office Use Only Updated _____ P. Initial _____
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