

LADIES OF CHARITY OF ARKANSAS OFFERS ONE-DAY ART CAMP
THIS FALL 2008 FOR STUDENTS IN GRADES 3-12
Theme: "All God's Creatures"

Students in grades 3 through 12 are invited to participate in a one-day Art Camp sponsored by the Ladies of Charity of Arkansas at St. Joseph's Center in North Little Rock on 6800 Camp Robinson Road. The camp will be a one-day event on October 18th from 9 AM until 3 PM with 1 1/2 hour classes each in visual arts/crafts, storytelling/drama, and music. Professional teachers and artists will be on hand to lead the children in experiencing these varied activities, including members of the Ladies of Charity of Arkansas, a Catholic Diocesan-based non-profit organization sponsoring the event. Lunch and snacks will be provided for the students, as well as t-shirts and photos to commemorate the day.

Families are encouraged to attend the showcase of student artworks at 2:30 PM. Cost is free and registration forms are due by October 3rd. Registration forms may be found on the website at www.lcark.org or can be e-mailed or faxed to you. To register by phone, or for more information, call Kristy Eanes at 501-664-0340 x348, or Cathy Gilligan at 501-664-0340 x354.

Emergency Authorization/ Medical Release

My child (children), _____, has (have) my permission to attend the Ladies of Charity of Arkansas "Art and Soul" Art Camp and to participate in all activities as part of the Camp. In the event of a situation in which emergency medical care is warranted, I hereby grant permission for the Camp Director to take steps which may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact other authorized persons
3. Attempt to contact the child's physician
4. If the child's physician cannot be contacted, we will do any or all of the following:
 - A. Call another physician
 - B. Call 911
 - C. Take child to an emergency room in the company of a Camp staff member

I understand that any expenses incurred will be borne by my family. Ladies of Charity of Arkansas and the Diocese of Little Rock will not be responsible for anything that may happen as a result of false information about your child given at the time of his or her registration in the Summer Art Camp.

I, _____ (parent or guardian), give my permission to a representative of the Ladies of Charity of Arkansas "Art and Soul" Art Camp to authorize medical attention for my child from a duly licensed or recognized physician or surgeon in case of emergency or illness during the Art Camp when the parents/guardians cannot be reached. I understand that every attempt will be made to contact me first in such a case, and if I cannot be reached immediately then another person listed as an "Emergency Contact" on the camp registration form will be contacted. I release the Ladies of Charity of Arkansas and the Diocese of Little Rock and its board and staff from any responsibility in case of accident or injury.

Parent's Signature

Date

Important Medical Information

Child's Physician: _____

Name of Clinic: _____

Address of Clinic: _____

Phone # of Clinic: _____

Preferred Hospital: _____

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Is your child allergic to any medications? _____ If so, what? _____

Ladies of Charity of Arkansas presents
"Art and Soul" Art Camp Fall 2008

A day long art camp featuring classes in visual arts/crafts, storytelling/drama, and music for students in 3rd – 12th grades. The theme this fall is "All God's Creatures".

Saturday, October 18th
St. Joseph's Center
6800 Camp Robinson Road, North Little Rock
9:00 am- 2:30 pm: Camp
2:30-3:00 pm: Showcase of Artwork with Families
Registration: FREE (Form deadline is October 3rd)
Free t-shirt and photos
Lunch and Snacks provided for Students

Child's Name: _____ Grade: _____

Address: _____ City/State/Zip: _____

Parent(s)/Guardian(s) Name(s): _____

Cell #(s): _____ Work / Home # (s): _____

Email Address(es): _____

Child's T-Shirt Size (circle one): Youth: Small Medium Large or Adult: Small Medium Large

Does your child have any food or other allergies of which we should be aware? _____

If so, please list your child's allergies: _____

Does your child have any medical problems of which we should be aware? _____

If so, what necessary information do we need to know? _____

Does your child have any special dietary/health needs of which we should be aware? _____

If so, what necessary information do we need to know? _____

____ I Authorize ____ I DO NOT Authorize Ladies of Charity of Arkansas to take photographs of my child/children and their art work for marketing purposes. I give permission for these pictures to be used in the museum's printed materials, including advertisements, brochures, flyers, and website.

Emergency Contacts & Pick Up Authorization List: In addition to the parent(s)/guardian(s) listed above, ONLY the following people are authorized to pick up my child from "Art and Soul" Art Camp. I understand that these people may be contacted in the event of an emergency, if a Camp staff person is unable to reach me.

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

I understand that my child will only be released to one of the individuals listed above. I will notify the Director of the Camp of any changes to my list with a phone call or put the changes in writing.

Signature of Parent/Guardian

Date

Submit Registration Form to (deadline is October 3rd):

Ladies of Charity of Arkansas
Diocese of Little Rock
2500 North Tyler Street, Little Rock, AR 72207
Or e-mail: lcark@dolr.org Or fax: 664-9075
Questions? Phone: 664-0340 x348