



Summer ArtsCamp 2017



The Port Chester Council for the Arts' Summer ArtsCamp 2017 program will include instruction in fine arts, crafts and musical theater and will run weekdays from June 26th through July 28th 2017 (No Camp July 3rd or July 4th)

at the **Crawford Park Mansion** North Ridge Street, Rye Brook, NY

****ALL CAMPERS MUST BE ENTERING KINDERGARTEN OR OLDER IN SEPTEMBER 2017****

CAMP OPTION:
\$450.00
CAMP ONLY
Monday-Friday Mornings
8:45-11:45am
Entering grades K-8
Family discount: \$400 each additional child
**only option for kindergarten*
**Please note there is no camp plus lunch option this year*

AFTERNOON PERFORMANCE ADD-ON OPTIONS:

AFTERNOON OPTION 1

Morning Camp Plus 
Grades 4-8

\$125.00 *(Port Chester residents \$575 PER CHILD WITH CAMP)*

\$200.00 *(NON-Port Chester residents-\$650 PER CHILD WITH CAMP)*

Monday-Friday 8:45am-4pm

ACTORS MAY ALSO DO SHOW ONLY FROM 1-4PM FOR THE SAME PRICE!

This option features our ArtsCamp morning program, with supervision during lunchtime (children provide lunch and drinks) and participation in well-renowned Children's Theater program!

7:30pm Performances on July 28 & 29, 2017!

Children participating in this Theater program **MUST audition either Monday 6/19 (4-7PM) or Tuesday 6/20 (4-6PM) at the Crawford Park Mansion, N. Ridge Street in Rye Brook, NY.**

Children may be required to provide their own costumes & props.

Directed by Andrew Benowich & Musical Direction by Cindy Moore

AFTERNOON OPTION 2

Morning Camp Plus 
Grades 1-3

****NEW THIS YEAR****

\$125.00 *(Port Chester residents \$575 PER CHILD WITH CAMP)*

\$200.00 *(NON-Port Chester residents-\$650 PER CHILD WITH CAMP)*

Monday & Friday 8:45am-11:45am &

Tuesday, Wednesday & Thursday 8:45am-4pm

ACTORS MAY ALSO DO SHOW ONLY FROM 1-4PM FOR THE SAME PRICE!

This option features our ArtsCamp morning program, with supervision during lunchtime (children provide lunch and drinks) and participation in our new theater training program-an original revue-style Musical!

2 Performance times (2pm & 6pm) on Sunday July 30, 2017!

No auditions necessary!

To secure a spot, send in your deposit with Registration forms and arrive to our 1st rehearsal on **Tuesday June 27th!**

SPOTS ARE EXTREMELY LIMITED!

Directed by Julie Colangelo-Dore & Musical Direction by Michael Mastroianni

SECURE YOUR SPOT TODAY!!! SPACE IS EXTREMELY LIMITED!!!!

Registration is "first come, first served" with limited spots available! Send in your **\$100.00 per child NON-REFUNDABLE** deposit TODAY! To reserve your child's place, fill out the attached registration form and mail with your deposit to:

Port Chester Council for the Arts, Inc.
 P.O. Box 15, Port Chester, NY 10573

ArtsCamp 2017 Registration Form

Name of Child: _____ Phone (home): _____

Address: _____ Phone (work): _____

Child's birthdate: _____ Grade (Sept 2017): _____ School: _____

Parents' (Guardians') Names: Mother: _____ Father: _____

List two emergency phone numbers that can be used in case we cannot contact parents:

Person to Contact: _____ Phone: _____

Person to Contact: _____ Phone: _____

Name of designated adult other than parents who may pick up child:

1. _____ 2. _____

Please read the following carefully, choose an option and sign below:

I wish to enroll my child in Summer ArtsCamp 2017 at the Crawford Park Mansion, Rye Brook, NY, for the 2017 Summer program (5 week program only). Please make a check next to the cost of the option. The cost listed is per child. One form should be filled out for each child. (Grades listed are those child will be entering in Sept 2017):

Camp Options:

_____ **\$450.00 - CAMP ONLY** (MORNINGS ONLY M-F 8:45-11:45am-NO SHOW-Grades K-8)

_____ **\$575.00 - CAMP & LION KING JR.** (FULL DAY M-F 8:45a-4p- Grades 4-8-PC Resident)

_____ **\$650.00 - CAMP & LION KING JR.** (FULL DAY M-F 8:45a-4p- Grades 4-8-Non PC Resident)

_____ **\$575.00 -CAMP & BWAY BABIES** (M&F 8:45-11:45a & FULL DAY T, W, Th 8:45a-4p- Grades 1-3-PC Resident)

_____ **\$650.00 - CAMP & BWAY BABIES** (M&F 8:45-11:45a & FULL DAY T,W,Th 8:45a-4p-Grades 1-3-Non PC Resident)

Afternoon SHOW ONLY Options:

_____ **\$125.00 -BROADWAY BABIES ONLY** (T, W, Th 1-4p- Grades 1-3-Port Chester Resident)

_____ **\$200.00 -BROADWAY BABIES ONLY** (T, W, Th 1-4p- Grades 1-3-Non Port Chester Resident)

_____ **\$125.00 -LION KING JR. ONLY** (Scheduled M-F 1-4p- Grades 4-8- Port Chester Resident)

_____ **\$200.00-LION KINGJR. ONLY** (Scheduled M-F 1-4p- Grades 4-8-Non Port Chester Resident)

In addition, I agree to hold the Port Chester Council for the Arts, Inc., The Village of Rye Brook, The Town of Rye and the Village of Port Chester and its Recreation Department, their officers, members, employees and agents blameless for any injuries sustained by my child, however caused, in the course of the operation of the Summer ArtsCamp 2017 program. I agree that neither I, nor anyone on my behalf or on my child's behalf, shall prosecute any claim or course of action against the Port Chester Council for the Arts, Inc., The Town of Rye or the Village of Port Chester and its Recreation Department.

Date: _____ Parent's Signature: _____

THIS FORM SHOULD BE ACCOMPANIED BY A **\$100.00 PER CHILD, NON-REFUNDABLE** DEPOSIT TO ENSURE YOUR CHILD'S RESERVATION FOR THE SUMMER PROGRAM.

Send completed form to

Port Chester Council for the Arts
P.O. Box 15, Port Chester, NY 10573

FOR OFFICE USE ONLY: PAYMENT RECEIVED (DATE): _____ CHECK # _____ CASH _____

PORT CHESTER COUNCIL FOR THE ARTS, INC.
EMERGENCY RELEASE FORM

I, _____ (Name of Parent) hereby give my permission to the Port Chester Council for the Arts, Inc., its representatives or employees, permission to obtain medical treatment for my child(ren) _____ in the case of any emergency. I also grant the Port Chester Council for the Arts, Inc., its representatives or employees permission to take said child to Greenwich Hospital, Greenwich, CT, or White Plains Hospital, White Plains, NY, and obtain whatever emergency medical treatment may be deemed necessary by the physicians at said hospitals until I or another designated family member can be reached and/or arrives at said hospital.

I agree to hold the Port Chester Council for the Arts, Inc., its representatives or employees blameless for any treatment or procedure performed at said hospital. I also agree that neither I nor anyone on my behalf or on my child's behalf shall prosecute any claim or course of action against the Port Chester Council for the Arts, Inc., The Town of Rye or Village of Rye Brook. **I UNDERSTAND THAT THE PORT CHESTER COUNCIL FOR THE ARTS WILL MAKE ITS BEST EFFORTS TO ADDRESS THE ALLERGIES OF ITS CAMPERS, HOWEVER, I UNDERSTAND THAT THERE MAY BE CIRCUMSTANCES BEYOND THE CONTROL OF THE COUNCIL AND ITS STAFF WHICH MAY INADVERTENTLY EXPOSE MY CHILD TO ALLERGENS, AND I AGREE TO HOLD THE COUNCIL AND ITS STAFF AND BOARD OF DIRECTORS HARMLESS FROM ANY INCIDENTS OF THIS TYPE WHICH MAY OCCUR WHILE MY CHILD ATTENDS ARTSCAMP 2017.**

I understand that I am responsible for whatever medical expenses are incurred in the course of such treatment.

Please list any medical limitations or allergies that your child may have:

Child's Physician: _____

Phone No.: _____

Policy/Group No. _____ Medical Insurance: _____

Parent's Signature: _____ Date: _____

PHOTO RELEASE

In consideration for participation in Summer productions sponsored by the Port Chester Council for the Arts, Inc., I grant the Port Chester Council for the Arts, Inc., and any designee, agency or contractor of the Port Chester Council for the Arts, Inc. the right to use my name, likeness, and photographs either presented by me or taken by the Port Chester Council for the Arts, Inc. for the purposes of illustration, advertising, public relations or promotion in any manner and in any medium, such as and without limitation to, print, video, motion picture, transmissions (computer, internet, facsimile, satellite, etc.), and not restricted to the production named above.

NAME: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

DATE: _____

For those under 21:

Signature of parent/guardian _____

Printed name of parent/guardian _____

