



SummerSPLASH 2024/ Adventures in Imagination / Ages 4-9

Indoor and outdoor arts enrichment program. Excite, explore, express.

Registration / Information

INSTRUCTIONS: Please complete this entire registration and return with payment (check, cash, or Venmo payment options). **Make checks payable to: LaneCoArts.** Be sure to sign the parental authorization below.

Parents / Guardians Must Complete this Portion.

Name of Child _____ Sex _____
Date of Birth _____ Age as of July 1, 2024 _____ Grade entering Sept. 2024 _____

STUDENT INFORMATION

Name of School entering in September 2024 _____
Health Comments (allergies, asthma, medications*, limitations, dietary restrictions, etc.) _____

*Medications cannot be administered by SummerSPLASH staff.

Additional information regarding your child's needs _____

General Information:

Home Address _____ Home Phone _____
Email Address _____

Mother's / Guardian's Name: Last _____ First _____

Father's / Guardian's Name: Last _____ First _____

EMERGENCY INFORMATION: Additional adult contact who can be reached in the event of an emergency who can pick up your child.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Program Requirements:

- Wear comfortable clothes (shorts, athletic gear). Shoes easy to take on and off.
- Sneakers or shoes suitable for moving easily. No flip flops or crocs.
- Wear clothes that are appropriate for art projects.
- Please bring drinks and snack materials each day.

Dates: Tuesday July 9 – Thursday August 15, 2024.

Week 1: Tuesday July 9 - Thursday July 11, 2024	12:00 - 3:00 PM / Each day	Cape Cod Lighthouse Charter School
Week 2: Tuesday July 16 - Thursday July 18, 2024		195 Rt. 137 Harwich, MA 02645
Week 3: Tuesday July 23 - Thursday July 25, 2024		
Week 4: Tuesday July 30 - Thursday August 1, 2024		
Week 5: Tuesday August 6 - Thursday August 8, 2024		
Week 6: Tuesday August 13 - Thursday August 15, 2024		

Please indicate selected session(s) _____

\$195.00 for one week. \$65 for one drop-in class. Deadline for enrollment: One week prior.

Financial Aid Available for Those in Need. PLEASE CONTACT LANE GIFFORD FOR ASSISTANCE.

No refunds issued after the start of the program. Complete refunds will be issued if the program is canceled due to insufficient registration. SummerSPLASH reserves the right to cancel due to insufficient enrollment.

PARENTAL AUTHORIZATION

- 1) I agree to a temperature reading for my child on each day of SummerSPLASH if COVID persists.
- 2) I have read, I understand and I agree to the rules that have been set forth in this REGISTRATION FORM.
- 3) In the event of an emergency, I give my permission to have my child treated by medical personnel.
- 4) I understand that this program does not carry accident insurance and that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.
- 5) I indemnify and hold SummerSPLASH and Lane Gifford harmless against claims and damages arising against SummerSPLASH, Lane Gifford and employees.
- 6) I give permission to have my child photographed / videotaped for publicity or news story purposes.

Parent / Guardian Signature _____ **Date** _____