

# 2011 Summer Camps

## Art camp




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Camp 1:	\$60	Age 6-8 yr	July 12-15/11
Camp 2:	\$75	Age 9-11 yr	July 25-29/11
Camp 3:	\$75	Age 12-13 yr	Aug. 8-12/11

Explore your creative side this summer with fun filled art-making classes! Sessions will touch on a variety of art forms. Workshops will encourage creativity and imagination! (Please dress for mess.) Students may be asked to bring some supplies from home.

**Instructed by: Summer Students**

## Computer Camp




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Camp 1:	\$45	Age 8-9 yr	June 28-30/11
Camp 2:	\$60	Age 10-11 yr	July 12-15/11
Camp 3:	\$75	Age 12-13 yr	July 25-29/11

Let's get digital this summer with CNA's Computer Camp for kids! Students will have a blast creating their own cartoon character and exploring the fun side of computers!

**Instructed by: Summer Students**

## Science Camp




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Camp 1:	\$75	Age 6-8 yr	July 4-8/11
Camp 2:	\$60	Age 9-11 yr	July 18-22/11
Camp 3:	\$75	Age 12-13 yr	Aug. 1-5/11

Let's get messy with science! College of the North Atlantic's Science Camps will include a mixture of exciting experiments to fuel the young person's mind! We will even make our own slime. Goopy!

**Instructed by: Summer Students**

# Summer Camp Schedule

June 2011				
M	T	W	T	F
20	21	22	23	24
27 Holiday	28 Computer 1	29 Computer 1	30 Computer 1	

July 2011				
M	T	W	T	F
				1 Holiday
4 Science 1	5 Science 1	6 Science 1	7 Science 1	8 Science 1
11 Holiday	12 Computer 2 Art 1	13 Computer 2 Art 1	14 Computer 2 Art 1	15 Computer 2 Art 1
18 Science 2	19 Science 2	20 Holiday	21 Science 2	22 Science 2
25 Computer 3 Art 2	26 Computer 3 Art 2	27 Computer 3 Art 2	28 Computer 3 Art 2	29 Computer 3 Art 2

August 2011				
M	T	W	T	F
1 Science 3	2 Science 3	3 Science 3	4 Science 3	5 Science 3
8 Art 3	9 Art 3	10 Art 3	11 Art 3	12 Art 3
15	16	17	18	19
22	23	24	25	26
29	30	31		

## Special Points of Interest

- ☺ **Registration** 8:30 a.m. to 3 p.m. in Main Office on first-come, first-serve basis.
- ☺ **Deadline to register** is one week prior to start of camp.
- ☺ Minimum of 10, maximum of 15 students per camp. Classes must reach minimum of 10 to proceed or will otherwise be canceled and registered students refunded.
- ☺ Children must be of age by December 31<sup>st</sup>, 2011.
- ☺ Please have **registration form** complete before registration.
- ☺ Payment is due upon registration.
- ☺ Payment methods accepted are: Cash (**must have correct amount**), Cheque, Debit, Visa, Money Order, and MasterCard.
- ☺ Camps will run from 9 a.m. to 3 p.m.
- ☺ Students are responsible for bringing their own **peanut-free** snack and lunch during camp.
- ☺ Cafeteria service will not be available however; students will be permitted to eat their lunch in the cafeteria.
- ☺ The Clarendville campus is **Scent Free** and **Smoke Free**. Please do not wear scented products.

College of the North Atlantic  
Clarendville Campus  
Tel: (709) 466-6988/6947  
Fax: (709) 466-2771

# 2011 Summer Camps

## Registration Form (a separate form is required for each camper)

Week	Date	Camp(s) Attending	Cost
Week 1	June 28 - 30		
Week 2	July 4 - 8		
Week 3	July 12-15		
Week 4	July 18 - 22		
Week 5	July 25 - 29		
Week 6	Aug. 1 – 5		
Week 7	Aug. 8 - 12		
Total Cost			

Please print the name of Parent or Guardian to appear on Receipt:

### Child Information

Child's Name:	
Complete Mailing Address:	
Postal Code:	
Current Age:	

### Parental/Guardian Information

Name of Parent/Guardian(s):	
Complete Mailing Address:	
Postal Code:	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	

### Emergency Contact Information (Other than parent)

Name:	
Address:	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	

Name of person(s), other than parent/guardian to whom child may be released:

1. \_\_\_\_\_
2. \_\_\_\_\_

**We will not release your child to any other person unless we have received written permission from you.**

Medical Information Pertaining to Camper	
Allergies:	
Allergy Symptoms and Treatment:	
Current Medical Treatment/Conditions:	
Special Needs:	

**AUTHORIZATION FOR CONSENT FOR TREATMENT:**

Should a medical emergency arise whereby CNA staff is unable to reach me, I the undersigned hereby authorize CNA staff to give consent for the medical examination, diagnosis and treatment of: \_\_\_\_\_ until such time as I am notified.

*(Name of Child)*

MCP Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**AUTHORIZATION:**

I give permission for my child to participate in the full camp program and all activities unless I advise you otherwise in writing. I agree that having taken such precautions as in your discretion are deemed advisable, College of the North Atlantic shall not be held responsible for any accident or sickness to my child, or for loss or damage to his/her personal property. I understand that pictures taken at camp may be used for promotion. I have read and understand the fee schedules, registration policy and refund policy of the College of the North Atlantic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_