

# summer camp application 2011



## HANDS TOGETHER HEART TO ART®

AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY  
Department of Creative Engagement

application deadline: **Monday, June 27**  
or until all spots are filled.

### check one:

Chicago: July 5–15 | ages 7–11

Chicago: July 18–29 | ages 10–14

## camper information

camper's name \_\_\_\_\_ age on 8.01.11 \_\_\_\_\_ birthday \_\_\_\_\_ grade in fall '11 \_\_\_\_\_ nickname \_\_\_\_\_

camper's street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ name of school (fall 2011) \_\_\_\_\_  male  female

t-shirt size:  youth med  youth lg  adult sm  adult med  adult lg  adult xl

returning campers:  camp 2006  camp 2007  camp 2008  camp 2009  camp 2010

Name(s) \_\_\_\_\_

of siblings, family members and/or friends also enrolling in the camp

What are his/her hobbies, talents or interests?

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Is there any other information that you would like us to know about your child? Please list anything that you feel would allow us to know your child better and/or give your child the most positive experience possible.

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How did you find out about Hands Together, Heart to Art?

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## parent or legal guardian

### emergency contact information

Preferred method of contact:  home phone  work phone  cell phone  email

parent or legal guardian name \_\_\_\_\_ relationship to camper \_\_\_\_\_ for non-emergency when is the best time to reach you? \_\_\_\_\_

address if different than camper \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_ email \_\_\_\_\_

other person to contact in case parent/guardian cannot be reached \_\_\_\_\_ relationship to child \_\_\_\_\_ day-time phone \_\_\_\_\_

# tell us about your camper

Every child at HHTA has experienced the death of one or both of his or her parents. In order to provide the best experience possible for your camper, it is helpful for the camp staff to understand the unique loss that each child has experienced. Please respond to the following questions at your discretion. This information will be kept confidential and will be shared only with the healing counselors and teaching staff. Use additional sheets as needed.

\_\_\_\_\_

deceased parent's name

\_\_\_\_\_

relationship to the child

\_\_\_\_\_

year/date of death

Tell us a little bit about the loss that your child experienced, including cause of death.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any counseling or therapy as a result of his or her loss? If yes, where?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What behaviors have you noticed in your child since the loss?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with any behavioral disorders like ADD, ADHD, depression, etc?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special needs your child has that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Notice: HHTA staff members are mandated reporters under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that if we have reasonable cause to believe that a child known to us may be abused or neglected, we will make a report to the child abuse hotline number.*

# health, wellness and permissions

## medical information

allergies (medicine, environmental, etc.): \_\_\_\_\_

food allergies: \_\_\_\_\_

chronic health problems: \_\_\_\_\_

medications\*: \_\_\_\_\_

\*please note that ATRU and HTHTA staff will not administer any medications at the camp.

child's physician/hospital: \_\_\_\_\_ insurance carrier: \_\_\_\_\_

phone: \_\_\_\_\_ policy no. \_\_\_\_\_

## emergency treatment permission

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Auditorium Theatre of Roosevelt University to hospitalize and secure proper treatment for the child named above in case of accident or sudden illness. Sign one of the following:

**accepted:**

**refused:**

\_\_\_\_\_  
signature: parent or guardian/relationship to child      date

\_\_\_\_\_  
signature: parent or guardian/relationship to child      date

In the event I cannot be reached in an emergency, the Auditorium Theatre of Roosevelt University is not responsible for injuries or conditions caused by my refusal to authorize the above named parties to secure treatment for my child.

## counseling

Among the many activities planned for the HTHTA attendees are small group sessions that will give campers the opportunity to express their grief about the loss of their parent(s). These groups will be led by licensed professionals who are trained in grief counseling. Children who appear to be in particular emotional distress will also have the opportunity to work individually with a counselor. Illinois state law requires that minors receiving mental health services have written consent from a parent or legal guardian.

I, \_\_\_\_\_, the parent/legal guardian of the minor, \_\_\_\_\_, give my permission for this minor to receive grief assessment and counseling by mental health professionals at the **Hands Together, Heart to Art** summer camp. My signature below indicates that I understand and agree with the statement above.

\_\_\_\_\_  
Signature of parent/guardian      date

## photo & video

I give permission to the Auditorium Theatre of Roosevelt University to take and use photographs or videos of camp activities that contain an image of my child for the limited purpose of promotion and advertising.

**accepted:**

**refused:** please do not take and use photographs or videos of my child for any reason

\_\_\_\_\_  
signature: parent or guardian/relationship to child      date

\_\_\_\_\_  
signature: parent or guardian/relationship to child      date

## permission to attend camp

I hereby give my child permission to participate in camp activities. I fully assume all responsibility for injuries he/she may receive or articles lost while participating in these activities and hereby release the Auditorium Theatre of Roosevelt University and HTHTA counselors, their respective staff, boards and guest artists from any liability for any injury my child may sustain. I understand my child may not be left at the campsite more than 1/2 hour prior to the beginning of camp and must be picked up daily at the assigned dismissal time or a \$10.00 late fee per 30 minutes will be assessed. The Auditorium Theatre of Roosevelt University is not responsible for children not picked up.

\_\_\_\_\_  
signature of parent/guardian      date

# tuition payment

**\$50.00 tuition must be included with the application.**

Tuition scholarships are available for families with multiple children and/or extreme need.

**application | scholarship deadline:** Monday, June 27, 2011

## extended care

**check the box for the service that you are requesting, if any:**

- early drop-off at 8:00 am (\$15/child per 2-week session)
- late pick-up at 5:00 pm (\$15/child per 2-week session)
- early drop-off at 8:00 am and late pick-up at 5:00 pm (\$25/child per 2-week session)

parent or guardian name (print) \_\_\_\_\_

parent or guardian's signature: \_\_\_\_\_

Applications will be processed on a first-come, first-serve basis. You will receive a letter of confirmation within two weeks of our receipt of your completed application and letter of recommendation.

## payment info

tuition:	\$50.00	x	_____	=	\$ _____
			(# of campers)		
early drop-off:	\$15.00	x	_____	=	\$ _____
			(# of campers)		
late pick-up:	\$15.00	x	_____	=	\$ _____
			(# of campers)		
early drop-off & late pick-up:	\$25.00	x	_____	=	\$ _____
			(# of campers)		
<b>grand total</b>		=			\$ _____

## method of payment

- Check (payable to Auditorium Theatre of Roosevelt University)
- American Express  MasterCard  Visa  Diners Club
- I am applying for a scholarship

card number \_\_\_\_\_

expiration \_\_\_\_\_

name on card (print) \_\_\_\_\_

signature \_\_\_\_\_

## did you include?

- application  letter of recommendation  scholarship application form
- camper release form  payment



for more information or to see a video about camp, visit [hthta.org](http://hthta.org)

## sign up now!

Auditorium Theatre of Roosevelt University  
Attn: Nicole Losurdo, HHTA Camp Director  
50 E. Congress Parkway, Chicago, IL 60605  
email: [nlosurdo@auditoriumtheatre.org](mailto:nlosurdo@auditoriumtheatre.org)  
phone: 312.922.2110, ext. 353 | fax: 312.431.2360

# scholarship application 2011

## eligibility for scholarships:

- Parochial or private school students must receive full or partial tuition assistance or demonstrate financial need.
- Public school students must receive free or reduced lunch.

does the student meet eligibility?  yes  no

If yes, please complete the following information:

## to the applicant:

camper's name \_\_\_\_\_ age \_\_\_\_\_

street address \_\_\_\_\_

city, state & zip \_\_\_\_\_ home phone \_\_\_\_\_

parent or guardian name (print) \_\_\_\_\_

school name \_\_\_\_\_ school phone \_\_\_\_\_

city, state & zip \_\_\_\_\_

\* Scholarships may be granted in part or in whole. Tuition for **Hands Together, Heart to Art 2011** is \$50 per camper.

## to the teacher, counselor, school official or other authorized personnel:

Please include or fax a **letter of verification** or a **copy of the school's records** regarding eligibility for free or reduced lunch status and/or tuition assistance.

title of school official \_\_\_\_\_

signature of school official \_\_\_\_\_

documentation/letter of verification enclosed:  yes  no

Please note that documentation must be received for the camper to be considered for a scholarship. Scholarships will be awarded on a first-come, first-serve basis upon successful completion of application.



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## return completed application to:

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Attn: Nicole Losurdo, HTHTA Camp Director  
50 E. Congress Parkway, Chicago, IL 60605

email: [nlosurdo@auditoriumtheatre.org](mailto:nlosurdo@auditoriumtheatre.org)  
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# letter of recommendation guide 2011

**to the applicant:** Please complete the information below and give this form to a teacher, counselor, etc.

camper's name	parent/guardian
camper's address	phone
camper's age	session dates applied for

**to the teacher, counselor, etc.:** The child mentioned above is applying to attend our summer day camp, **Hands Together, Heart to Art (HTHTA)**, for children 7-14 years old who have experienced the death of one or both of their parents. Artists and healing counselors will work with campers in this unique program that celebrates the healing power of creative play. Employing several areas of the performing arts, the program will encourage communication, develop expression through the arts and provide the consolation of friendship and compassion.

Please attach a brief letter of recommendation regarding the child listed above. Please offer an explanation as to how and why he or she can benefit from **HTHTA**. Please note: students attending **HTHTA** do not need to have previous experience in the arts. All children at **HTHTA** must have lost one or both of their parents to death. Your recommendation and support of this child as well as an explanation as to how and why this child can benefit from our program is important to the success of this child's experience. **Thank you.**

how long have you known the applicant?	in what capacity do you know the applicant?
your name	title
phone	email



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# camper release form 2011

## who is permitted to pick-up your child?

Campers will only be released to listed persons. Everyone picking up a child, including parent or legal guardian, must present a picture I.D.

name	relationship to camper	cell phone
1.		
2.		
3.		
4.		
5.		

my child may arrive and depart from camp unescorted at start and dismissal times.  yes  no

I understand my child may not be left at the campsite more than ½ hour prior to the beginning of camp and must be picked up daily at the assigned dismissal time or a \$10.00 late fee per 30 minutes will be assessed. The Auditorium Theatre of Roosevelt University is not responsible for children not picked up.

**I understand that this form will be due with the application or my child will not be enrolled in camp.**

parent or guardian signature

relationship to child

date



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