

SUMMER CAMP APPLICATION 2018



HEARTS TO ART

Application deadline

Monday, June 25

or until all spots are filled

Check one

July 9-20 | ages 7-10

July 23-August 3 | ages 11-14

Camper information

camper's name (nickname) age on 7.1.2018 birthday grade in fall '18

camper's street address city state zip

home phone name of school (fall '18)

male (he/his pronouns) female (she/her pronouns) non-binary (they/them pronouns)

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

returning camper(s): yes no years attended _____

name(s) of siblings, family members, and/or friends also enrolling in the camp

What are your camper's hobbies, talents, or interests? _____

How did you find out about **Hearts to Art**? _____

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 a non-emergency, when is the best time to reach you?

address if different than camper

home phone cell phone work phone email (required)

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 HTA has experienced the death of one or both 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. If you feel more comfortable responding to these questions in a phone call, please let us know. Please respond to the following questions voluntarily at your discretion. If your camper is returning, please respond to each question to reflect any changes or updates since last summer. This information will be kept confidential and will be shared only with the Camp Director and healing counselors. Notice: HTA staff members are mandated reporters by law. As such, under certain conditions, reporting to proper authorities may be required regardless of guardian consent.

deceased parent's name _____ relationship to the child _____ year/date of death _____

How old was the camper when parent died? _____

Was the camper present at time of death? yes no

Did the camper attend the funeral/memorial service? yes no

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

Has the camper had any counseling or therapy as a result of his or her loss? yes no

If yes, where? _____

Is support (counseling) currently being provided? yes no If yes, when? _____

Has your camper experienced any of the following as a result of the death? (check all that apply)

sleep disturbance anxiety more alone time behavioral changes (i.e., withdrawal)

other _____

Has the camper been diagnosed with any behavioral disorders? yes no

If yes, please check all that apply.

ADD ADHD depression other _____

Has the camper ever mentioned suicide, hurting themselves, or others? yes no

Has the camper ever made an attempt at suicide, or attempted to hurt themselves or others? yes no

Is there any reported drug or alcohol history in the family? yes no

List ALL siblings/ages (even if not attending camp)

Have there been any other changes/stresses in the camper's life?

divorce marriage relocation other important losses births illness other

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

HEALTH, WELLNESS AND PERMISSIONS

Medical information

allergies — medicine, environmental, etc. (required)

food allergies (required)

chronic health problems

medications (please note that ATRU and HTA staff will not administer any medications at the camp)

child's physician/hospital

insurance carrier

phone

policy no.

Emergency treatment permission | In the event of an emergency (accident, sudden illness, or psychological emergency), I hereby give permission to the medical provider selected by Auditorium Theatre of Roosevelt University to hospitalize and secure proper treatment for the child named below.”

NOTE: In the case of an emergency, Auditorium Theatre staff will first contact necessary medical support, and then immediately contact the camper's guardian to alert you of the situation. If staff is unable to reach the guardian, we will move on to calling the emergency contacts you have listed for your camper.

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 **HTA** attendees are small group sessions that will give campers the opportunity to share 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 **Hearts to Art** summer camp. My signature below indicates that I understand and agree with the statement above.

signature: parent or guardian/relationship to child

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 **HTA** 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

**All staff members of the Auditorium Theatre of Roosevelt University are mandated reporters by law. As such, under certain conditions, reporting to proper authorities may be required regardless of guardian consent.

**AUDITORIUM
THEATRE**
of ROOSEVELT UNIVERSITY

TUITION PAYMENT

\$50.00 tuition must be included with the application.

Tuition scholarships are available for families with an extreme financial need.

Application | Scholarship deadline Monday, June 25

Extended care | Check the box for the service that you are requesting, if any:

- early drop-off at 8AM (\$15/child per 2-week session)
- late pick-up at 5:30PM (\$15/child per 2-week session)
- early drop-off at 8AM and late pick-up at 5:30PM (\$25/child per 2-week session)

parent or guardian's name (print)

parent or guardian's signature

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

Payment information

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)

Total = \$ _____

Method of payment check (payable to Auditorium Theatre of Roosevelt University)

American Express MasterCard Visa

I am applying for a scholarship

card number

expiration

CVV

zip code

name on card (print)

signature

Did you include?

- application
- camper release form
- payment/Scholarship Application
- letter of recommendation



HEARTS TO ART

For more information about camp, visit HeartstoArt.org

SIGN UP NOW!

Auditorium Theatre of Roosevelt University

Attn: HTA Camp Director

50 E Congress Pkwy, Chicago, IL 60605

email: atru-education@auditoriumtheatre.org

phone: 312.341.2353 | fax: 312.341.2327