

SPRING CAMP 2018

CAMP SHAREWELL offers a unique blend of best practices in early childhood education and high-caliber arts education experiences with a focus on social responsibility! Each day will incorporate plenty of arts & crafts, music & movement, and lots of museum playtime that helps to develop the whole child!

Circle day(s) you wish to enroll:

WEEK 1
MON - 3/26
TUES - 3/27
WED - 3/28
THURS - 3/29
FRI - 3/30

WEEK 2
MON - 4/2
TUES - 4/3
WED - 4/4
THURS - 4/5

WHO Ages 3-8 (must be potty proficient)

WHERE Zimmer Children's Museum by ShareWell, 6505 Wilshire Blvd #100, Los Angeles, CA 90048

WHEN 9 days offered: March 26-30 and April 2-5 (9am-3pm)

COST PER DAY: \$85 Members, \$95 Non-Members
FULL WEEK (4 or 5 DAYS): \$325 Members, \$350 Non-Members
Registration Includes ONE Camp ShareWell T-Shirt

LUNCH Packed from home (nut-free)

SNACKS Provided by Camp ShareWell

RATIO Camp staff to participant is 1:6 to maintain quality instruction.



CANCELLATION Camp ShareWell will issue a refund for cancellations made at least two weeks prior to the first day of camp less a mandatory \$50.00 cancellation fee. Please note: within two weeks of the first day of camp, there will be no refunds. Camp ShareWell reserves the right to cancel any camp session if enrollment is not met. Transfers from one day to another will be based on availability and must be made at least two weeks prior to the scheduled camp date.

QUESTIONS Contact Sara Choi 323.761.8994 / sara@sharewell.org or Marissa Ring 323.761.8993 / marissa@sharewell.org

CampShareWell is an inclusive environment that works hard to accomodate children of all abilities.

REGISTRATION FORM

(PLEASE PRINT CLEARLY. THANK YOU!)

CHILD NAME _____ **BIRTHDATE** _____ **AGE** _____

PARENT NAME _____ **MUSEUM MEMBER** YES or NO

ADDRESS _____ **CITY** _____ **ZIP** _____

EMAIL _____

CELL NO _____ **HOME NO** _____

ALLERGIES/MEDICAL CONDITIONS _____

SPECIAL ACCOMODATIONS _____

EMERGENCY CONTACT INFO

NAME _____ **RELATION** _____ **PHONE NO** _____

Please check the following:

- YES, I authorize camp personnel to arrange emergency treatment by qualified personnel if needed.
- YES, I give Camp ShareWell permission to photograph/video my child for publicity purposes.
- YES, I have read and agree to Camp ShareWell Program Policies and Procedures.

NAME ON CC: _____
CREDIT CARD: _____ CVV: _____ EXP: _____
BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

TOTAL: \$ _____ ORDER#: _____
RECEIVED BY: _____ ON ___ / ___
IN PM BY: _____ ON ___ / ___