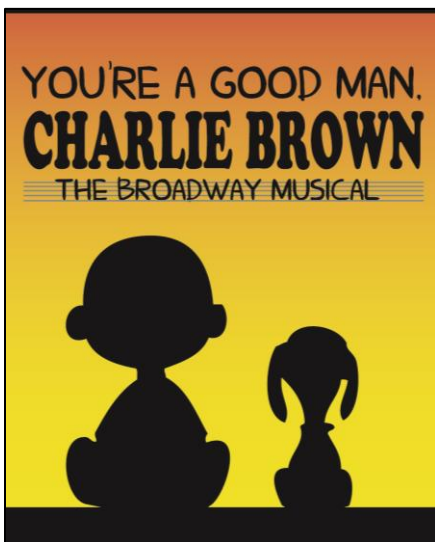




PRESENTS:

# SUMMER CAMP SNOOPY



Local~Motions Inc's Summer Camp Snoopy is an intensive 7 week fine arts summer camp. Children from kindergarten through high school ages will learn a variety of fine and craft arts, acting, singing, dancing, as well as important life skills. The result of this learning will be a production of *You're a Good Man, Charlie Brown the Broadway Musical*.

Why "Snoopy?" Because he was the one character that showed **COURAGE** (The Flying Slueth), **LOYALTY** (Charlie's best friend), **STRENGTH** (He was a Tennis Star, Skating Star and Played Outfield), **CARING FRIENDSHIP** (Woodstock), **DETERMINATION** (No one tried much Harder), and **CREATIVITY** (He was a writer) and **RESPECT** (ok he gave a lot of raspberries but always followed them with a hug or a kiss). Need I say more?

These are the very attributes we will teach in this camp along with the fine arts. And at the end of it all you will get to see your childrens' pieces of art including seeing them on stage performing (tickets to the show are free for the first 4 guests)!

**WHEN:** Camp begins June 28<sup>th</sup>, 2015 and runs through August 14<sup>th</sup>. Fridays are field trip days to a local pool (weather permitting).

**WHAT:** Monday through Thursday children will be taught the fine arts from area professional artists.

**TIME:** 8am until 3pm.

**COST:** The cost for the camp is \$450 plus a \$100 registration fee for the first child and each addition child is \$300.



**Extended Care and Scholarships are available and are very limited.**

Extended Care is from 7am until 5pm \$45/week for each child (\$9/day/child) or \$250 /child for the summer. (\$65 savings)

**For more information contact**

Local~Motions by emailing [localmotions3@gmail.com](mailto:localmotions3@gmail.com) or come see us at 6272 North Ave Suite b, Chicago, IL between 2pm and 5pm

**REGISTRATION FORM ON BACK**

# LOCAL ~MOTIONS INC'S SUMMER CAMP SNOOPY REGISTRATION

PLEASE PRINT

CHILD'S NAME	AGE	DATE OF BIRTH
Last Name, First Name		
1.		
2.		
3.		
4.		
5.		
HOME ADDRESS		
STREET:		
CITY:	IL	ZIP

COST OF CAMP WORKSHEET		
# of Children		Total
1st Child	1 x \$450.00	\$450.00
Add'l Children	X \$300	
Registration	1 X \$100	\$100.00
Extended Camp (CHECK 1)		
<input type="checkbox"/> Week	X \$45	
<input type="checkbox"/> ALL CAMP	X \$250	
TOTAL COST		
Is Full or Partial Scholarship Needed (CHECK 1)		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
If YES, will Partial Scholarship be accepted?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO

*NOTE: Scholarships are based upon family need, availability and are not guaranteed.*

## EMERGENCY INFORMATION

PRIMARY CAREGIVER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

is this a cell #  YES  NO

Company Name \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Permission to make Medical Decisions:  YES  NO

MEDICAL HISTORY AND INFORMATION
(please use the following space to list all important allergies, medical conditions, medication that pertain to each child, including epi-pens and times of day medications should be taken)

By Signing below, person agrees all information is true and accurate, to make all payments unless scholarship is granted and gives secondary emergency contact person legal permission to make non-life threatening medical decisions should they occur.

Print Name Clearly: \_\_\_\_\_ DATE:        /        / 2015

SIGNATURE: \_\_\_\_\_