

**HACEF's WINTER ENRICHMENT PROGRAM 2012**

**REGISTRATION FORM - One per child**

Make checks payable to **HACEF** and mail to:  
**HACEF, c/o Denise Leparik, 4 Auburn Drive, Greenlawn, NY 11740**

**Name:** \_\_\_\_\_ **HomePhone:** \_\_\_\_\_  
(please print)

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(street and town)

**Emergency Contact Name(s) and Number(s):** \_\_\_\_\_

**Grade as of Sept. 2011:** \_\_\_\_\_

**Registration fee** (cost of materials included) is \$135.00 for each of the camps

**Dates: January, 7, 14, 21 and 28 (Snow date February 4); 1pm to 4pm at OMS**

Camp is open to Harborfields CSD students and children of employees of the district.

**Refund Policy:** No refunds will be issued except for medical reasons.

**Please contact HACEF co-presidents Laurie Wax at 261-5580 and Marianne Minton at 261-1213.**

<b>Camp Activity</b>	<b>Workshop Size</b>	<b>Grades</b>	<b>Check(✓)</b>
<b>Decorating Magic:</b> If you find yourself glued to the many cake decorating shows on TV then this is the camp for you! Campers will learn a variety of cake decorating techniques that will transform ordinary cupcakes into pieces of art. Techniques include piping and fondant work.	20	6-8	
<b>Drama:</b> The Drama Workshop will provide students with the opportunity to develop acting skills by creating a revue consisting of scenes from a variety of plays and musicals. Students will be offered an assortment of activities relevant to the genre of musical theatre, including vocal training, dance, scene study, and improvisation.		3 - 8	

**Medical Restrictions:** No  Yes  Please explain:

\_\_\_\_\_

**Medical Disclaimer:** My son/daughter is in good health and has my full permission to participate in a camp program. He/she has no previous illness or bodily injury that is contradictory to participation. In the event I cannot be reached, I hereby authorize emergency or other medical treatment for my child that may be deemed necessary by attending medical personnel while he/she is attending the HACEF Winter Enrichment Program. I, the undersigned, individually and as a parent or guardian of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in this camp sponsored by the HACEF. In consideration of such admission, I do hereby release, discharge, and hold harmless HACEF and the Harborfields Central School District, its officers, agents, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving said minor arising out of the minor's attendance at the camp or in the course of participating in connection with the camp. Initial (\_\_\_\_\_)

**Photo Release:** I hereby give my consent for HACEF to use my child's photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below. Initial (\_\_\_\_\_)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**