

# Mosaic Templars Cultural Center Summer Camp Registration Form



## The Department of Arkansas Heritage

Mike Beebe  
Governor

Cathie Matthews  
Director

Arkansas Arts Council

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Arkansas Historic  
Preservation Program

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Arkansas Natural Heritage  
Commission

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Delta Cultural Center

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Historic Arkansas Museum

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Old State House Museum



501 West Ninth Street  
Little Rock, AR 72201

(501) 683-3593

fax: (501)682-5866

tdd: (501) 324-9811

e-mail:

[info@mosaictemplarscenter.com](mailto:info@mosaictemplarscenter.com)

website:

[www.mosaictemplarscenter.com](http://www.mosaictemplarscenter.com)

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### To be completed by a parent or guardian

- Information must be complete before your registration is accepted
- Submit one form per child
- Registration is complete upon return of this form
- Child must be between 5 and 17 ( with special programs for select ages)
- Photos of participants are taken and may be used by museum on television, website, and news publications
- Parent/Guardian must sign-in and present valid i.d. to pick up children
- Parent/Guardian is responsible for drop off and pick up of participants on time

Name of Participant \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Girl or Boy (circle one) \_\_\_\_\_ County of Residence \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

### Participant's primary contact person information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address(s) \_\_\_\_\_

### Emergency Contact Information (if primary contact cannot be reached)

### Parent/Guardian Signature

How did you find out about this program? \_\_\_\_\_

List dates your child will attend \_\_\_\_\_

For more information contact

Rachel M. Acosta

501•683•3593 or RachelA@arkansasheritage.org