



Otsego  
CHRISTIAN ACADEMY

## Summer @ OCA

### Bug Camp and Performing Arts Camp Registration Form

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check which camp your child will be participating in:

- Performing Arts Camp: \$175.00 per student  
July 11 - 22; M-F, 9am - 2pm

Join us this summer for lots of laughs, a few tears, and a great adventure as we travel along State Route 47. We'll meet the Farmer and his wife, a preacher and his choir, some pigs and a rebellious son. There will be singing, dancing, talking seedlings and crows, and loads of head shaking puns. You'll meet a judge and a forgetful granny, along with many other memorable characters as we explore three of the parables Jesus told to his disciples.

We are looking for 15-30+ students, 6th through 12th grades, to join us for two weeks as we prepare this delightful musical to share with our community. We need actors, singers, costumers, and artsy students to help with scenery.

- Art Camp: \$125.00 per student  
August 1-5; M-F. 9am - 2pm

Children will love our fun and enriching art camp, where they explore art through a new lens and create their own masterpieces.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**Authorized Pick-up Persons**

**Parent/Guardian Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**List 2 local emergency numbers different from those listed above**

Name	Phone	Relationship to child (ren)
1. _____	_____	_____
2. _____	_____	_____

**Permissions/Allergies (please initial where applicable)**

\_\_\_\_\_ My child may be photographed for web/media related promotions pertaining to this program. YES/NO (please circle)

\_\_\_\_\_ My child is allowed to go off of OCA property on foot and/or in vehicles, with appropriate adult supervision

\_\_\_\_\_ My child has no allergies or dietary restrictions

\_\_\_\_\_ My child has the following allergies or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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