



600 Main St, Monroe- Lower Back Level
203-895-2966 Bluebutterflycreations@myyahoo.com www.bluebutterflycreations.net

If you are new to us, we promise you will have the best art experience ever!
If you are returning, we can't wait to have you back!

At Blue butterfly everyone is an artist, and we strive to create
custom & unique projects to help bring out the artist in everyone!

ALL projects are done at the pace & skill level of your child! Theres no need to rush!
We also understand that children come with feelings and emotions,
and we cater to their needs for each day!
So, gear up for lots of color, tons of creativity, and a summer full of new friendships!

IMPORTANT THINGS TO KNOW & WHAT YOU WILL NEED:

FOR EVERY SESSION/CAMP DAY PLEASE BRING THE FOLLOWING:

A labeled water bottle

Half day sessions: 1-2 snacks Full day sessions 1-2 snacks & a lunch

ALL FOOD MUST BE NUT AND TREE NUT FREE NO EXCEPTIONS!

PRINT & FILL OUT ALL INFORMATION SHEETS, THESE WILL BE REQUIRED AT THEIR FIRST DROP OFF!

- ★ Check in/Check out will be done at every drop off & pickup! This helps me know who you are!
- ★ Drop off is 8:50-9:00am --- Pickup is 1:00pm, by authorized person(s) ONLY!
- ★ Apply sunblock before arriving to camp
- ★ Creative art is messy! DRESS FOR A MESS!
- ★ Toys/Games from home are okay! iPads, tablets, cell phones, and electronics are not permitted.
- ★ If your child is celebrating a birthday, please let me know so we can make arrangements 😊
Cake, Cupcakes, Snacks, Small favors etc. are okay!

Summer Camp Registration Forms:

PLEASE FILL OUT ONE PACKET PER CHILD ATTENDING- Thank You!

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Parents Name: _____ Best Contact Number: _____

Email: _____

Address: _____

EMERGENCY CONTACT INFORMATION:

1) Name: _____ Relationship to Child: _____
Phone Number: _____

2) Name: _____ Relationship to Child: _____
Phone Number: _____

☐ In the event of an emergency, I will be contacted first. Initials _____

☐ If immediate medical care OR transportation is required, I understand that Blue Butterfly will use their best judgement. I give Blue Butterfly permission to seek medical attention & have them transported to the closest medical facility/Hospital. Initials _____ Hospital Preference: _____

CHILD'S MEDICAL INFORMATION:

Blue Butterfly will NOT dispense medication for ANY REASONS.

*I am aware that Blue Butterfly is a Nut & Tree Nut Free facility. Initials: _____

Does your child have any allergies we should know of?

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Anything we should know about your child?

Please list anything behavioral, Medical or general information.

AUTHORIZATION FOR PICKUP:

Pickups will be LIMITED to the following people ONLY!

Name: _____ Relationship: _____ Tel #: _____

Name: _____ Relationship: _____ Tel #: _____

Name: _____ Relationship: _____ Tel #: _____

Disclaimer: If for any reason your child is sick, please text or call us.

NO session/camp day is refundable once paid for. We will do our best to make accommodations
to make up or reschedule their missed sessions.

- ☐ I am aware summer camp is non-refundable Initials: _____
- ☐ I will contact Blue Butterfly when my child is sick Initials: _____
- ☐ I am aware that Blue Butterfly is providing a hands-on art experience for my child; we are in NO way a recreational camp setting.
- ☐ I am aware that Blue Butterfly has a ZERO TOLERANCE policy for bullying and fighting. Initials: _____

- ☐ I give consent to allow Blue Butterfly to photograph my child Initials: _____
- ☐ I decline Blue Butterfly photographing my child: Initials: _____

Parents Signature: _____ Date: _____

Studio management signature: _____ Date: _____