

## **Art Camps Registration Form 2018-19**

Student Last Name	First Name	Grade
Student Last Name	First Name	Grade
Student Last Name	First Name	Grade
AddressStreet	City	State
Parents/Guardians		
Phone Number #1	Phone Number #2	
Other Guardians authorized for pick-up _		
Food Allergies:		
Other Allergies :		
Permissions: Please place a check to the activity.	e left of each permission statement to in	dicate your approval of the
Photograph: My child or children may Internet, the children won't be identified	y be photographed during activities. If sied by name.	shared outside the school for
Walking Field trips: My child or childr Workshops.	en are allowed to walk within one mile o	of school during the Art
I understand I am enrollingfollowing days:	in the 2018-	-2019 Art Workshops during the
<ul> <li>October 4, 5</li> <li>November 1, 2, 16</li> <li>December 21</li> <li>January 25</li> <li>February 15</li> <li>March 8</li> <li>April 5</li> </ul>	\$20 per student, \$10 fo 10% Discount if paid in	
Signed		Date