



Art Camp Registration Form SY24

STUDENT INFORMATION

Please list the names of all the students you wish to register

Last Name _____ First Name _____ Grade ____

Last Name _____ First Name _____ Grade ____

Last Name _____ First Name _____ Grade ____

_____ Street Address _____ City

Parents/Guardian 1: _____ Phone: _____

Parents/Guardian 2: _____ Phone: _____

Other Guardian/Adult authorized to pick-up _____

Allergies: _____

Please check the box to the left of each statement:

- I understand that meals are not provided and my child will bring a lunch from home.
- Photograph: My child or children may be photographed during activities. If used for marketing or on PPCS social media, the children won't be identified by name.
- Walking Field Trips: My child or children are allowed to walk within one mile of school during the Art Workshops.

Place a check mark next to the dates you want to register for. We provide a 10% discount if you register and pay for all workshops in advance. Cost is \$20 per day, \$10 for a sibling per day.

_____ October 5 _____ November 2 _____ January 26 _____ April 5
_____ October 6 _____ November 3 _____ January 29

Parent/Guardian Signature _____ Date _____