



## Art Camp Registration Form SY25

### 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 3      \_\_\_\_\_ October 31      \_\_\_\_\_ January 24      \_\_\_\_\_ April 4  
\_\_\_\_\_ October 4      \_\_\_\_\_ November 1      \_\_\_\_\_ January 27

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_