



Art Camp Registration Form SY26

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
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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.

Mark the dates you want to register for. We provide a 10% discount if you register and pay for all workshops in advance. Cost is \$25 per day, \$12 for a sibling per day and must be paid to secure registration.

_____ October 2 _____ October 30 _____ January 23 _____ April 3

_____ October 3 _____ October 31 _____ January 26 _____ May 18 _____ June 3

Parent/Guardian Signature _____ Date _____