



Art Camp Registration Form SY27

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 _____

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.

___Sept 4	___Jan 4	___May 17
___Oct 9	___Jan 22	
___Oct 29	___Jan 25	
___Oct 30	___Apr 23	

Parent/Guardian Signature _____ Date _____