

# Summer Camp Registration

Attending week(s)

1 \_\_\_\_\_ am / pm

2 \_\_\_\_\_ am / pm

3 \_\_\_\_\_ am / pm

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ | \_\_\_\_\_

E-mail \_\_\_\_\_

Would you like to receive electronic monthly newsletters and notices of special events?  Y  N

How did you hear about ArtVenture Art Studio? \_\_\_\_\_

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## Emergency Contact Information

1 - Name \_\_\_\_\_

Phone \_\_\_\_\_

2 - Name \_\_\_\_\_

Phone \_\_\_\_\_

### Medical or other conditions requiring special attention:

\_\_\_\_\_

I hereby give ArtVenture staff permission to seek medical attention in the event of an emergency.

Occasionally we take pictures of students in class and their art for promotional literature and for our website.

If you have any concerns please talk to our staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_