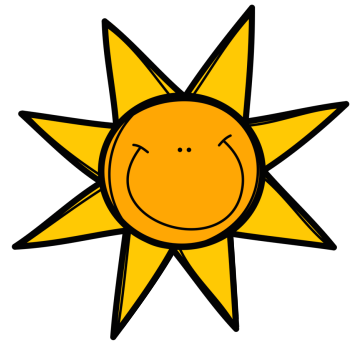


Art N' Smart

Summer Camp Registration

STUDENT INFORMATION



Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Has this student attended Art N' Smart Classes or Camp before?

If yes, when? _____

Address: _____

Special Needs or Notes: _____

FULL WEEK CAMP

Select your preferred weeks below.

- | | |
|--|---|
| <input type="checkbox"/> WEEK 1
July 4-8 | <input type="checkbox"/> WEEK 2
July 11-15 |
| <input type="checkbox"/> WEEK 3
July 18-22 | <input type="checkbox"/> WEEK 4
July 25-29 |
| <input type="checkbox"/> WEEK 5
August 2-5 | <input type="checkbox"/> WEEK 6
August 8-12 |
| <input type="checkbox"/> WEEK 7
August 15-19 | <input type="checkbox"/> WEEK 8
August 22-26 |
| <input type="checkbox"/> WEEK 9
August 29-September 2 | |

FLEXIBLE PART-TIME CAMP

If you are not interested in full weeks, please indicate below your preferred days and times.

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Single Day |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

Other Scheduling Information:

LIABILITY AGREEMENT & WAIVER

I assume all responsibility for risks and hazards incidental to participation at Art N' Smart Summer Camp. I do not hold Art N' Smart or any of their personnel responsible for injuries or accidents of any kind or loss of personal property. I grant the Art N' Smart Director permission to authorize and obtain medical care in case of emergency when Parents/Guardians cannot be contacted.

REFUND POLICY

No refunds or credits will be given in the event of cancellation.
You may switch from one week of camp to another, pending availability.

We only accept cash and cheques as payment in our office.

LATE FEE

It is important that Parents or Guardians arrive on time to pick up their children from camp. Parents or Guardians who are late to pick up their children will be charged a late fee accordingly.

Parent/Guardian Name: _____

Signature: _____

Date: _____