

Portside Arts Center

SUMMER ARTS CAMP REGISTRATION

Students Name: _____

Age: _____ School: _____

Parent(s) Name(s): _____

Home Phone: _____

Cell Phone: _____

Work Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Person: _____

Person(s) with permission to pick up child: _____

Allergies/Special Needs: _____

Comments:

Dates child is to attend Summer Arts Camp: (Please check)

<u>Weekly:</u>	<u>Full Day</u>	<u>Half Day(am/pm)</u>	<u>Daily:</u>	<u>Full Day</u>	<u>Half Day(am/pm)</u>
_____ Week # 1	_____ June 22 nd to June 26 th	_____	_____ 6/22	_____ 6/23	_____ 6/24
_____ Week # 2	_____ June 29 th to July 3 rd	_____	_____ 6/29	_____ 6/30	_____ 7/01
_____ Week # 3	_____ July 6 th to July 10 th	_____	_____ 7/06	_____ 7/07	_____ 7/08
_____ Week # 4	_____ July 13 th to July 17 th	_____	_____ 7/13	_____ 7/14	_____ 7/15
_____ Week # 5	_____ July 20 th to July 24 th	_____	_____ 7/20	_____ 7/21	_____ 7/22
_____ Week # 6	_____ July 27 th to July 31 st	_____	_____ 7/27	_____ 7/28	_____ 7/29

Terms and Policies

The enrolled student has my permission to participate in all activities offered at the Portside Arts Center. I authorize the Portside Arts Center to take the necessary steps to insure my enrollee's (child's) health and safety in the case of an emergency. Furthermore, I agree to hold Portside Arts Center and its instructors free and harmless from damages to property or injury sustained by participation that results from operation of this program. I also authorize the Portside Arts Center to use my enrollee's (child's) name and photographs for educational or public relation purposes related to the Portside Arts Center. Cancellation Policy: Refunds will be given in the form of future course credit. We reserve the right to cancel class if student minimum enrollment is not met. Students will be notified of cancellation after registration deadline. Full refund will be given in this circumstance.

Do you understand and agree with our terms and policies? Yes _____ No _____

Signature of Parent or Guardian: _____ Date: _____