



# PAINTING SUMMER CAMP REGISTRATION

Camper's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Age of Camper: \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Age \_\_\_\_\_ Grade (fall 2018) \_\_\_\_\_ School \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## SELECT WEEK(S) OF CAMP – SUMMER 2018

CAMP	PRICE
June 25-29	\$420
July 16-20	\$420
July 30- August 3	\$420
August 13-17	\$420

Sub total: \_\_\_\_\_

### DISCOUNTS

Take \$30 off for EARLY BIRD registration by May 1st. Subtract Early Bird Discount: \_\_\_\_\_

Take \$20 off each additional week for up to 4 weeks. Subtract Multiple Week Discount: \_\_\_\_\_

Take \$20 off for a sibling participating the same week  
 Sibling Name: \_\_\_\_\_ Subtract Sibling Discount: \_\_\_\_\_

**Please fill out a separate form for each camper.**

**TOTAL:** \_\_\_\_\_

**A minimum deposit of \$150 per week per student is required at the time of registration, with the balance due by the first day of camp. Fees may also be paid in full at the time of registration.**

**PAYMENT ENCLOSED:** \_\_\_\_\_

**BALANCE DUE:** \_\_\_\_\_



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## CANCELLATION POLICY

- \$50 of the deposit is non refundable. The balance is refundable up to 2 weeks prior to the first day of camp.
- Cancellation within 2 weeks prior to the first day of camp will incur a \$150 cancellation fee.
- If the minimum deposit is paid at the time of registration, the balance is due the first day of camp.

## PAYMENT INFORMATION

**Credit Card**    Visa    Mastercard    American Express    Discover

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Credit Card Number	Expiration Date	Code
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Billing Zip code for Card

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Name on Card

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Payment Amount (\$150 per week required to reserve a space)	Balance Due by first day of camp
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**Check** Make check payable to "Artistic Home Studio and Boutique." There is a \$25 fee charged for all returned checks.

Please mail the completed registration form with check or credit card payment to:  
**Artistic Home Studio and Boutique Summer Camps, 1910A Encinal Ave., Alameda, CA 94501**



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## Youth Consent and Release Form

**Student Name:** \_\_\_\_\_

**Emergency and Medical Information:**

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Specific health Information:**

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Other: \_\_\_\_\_

**Pick-up Authorization:** The following person(s) are authorized to pick up my child from the program:

Driver #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver #3: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I authorize my child to leave the camp without being picked up by an adult

**Parental Authorization for Treatment of a Minor Child:** I,

\_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As parent or legal guardian, I hereby authorize and appoint Artistic Home Studio and Boutique of Alameda, CA in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child’s personal care, medical treatment, hospitalization, and health care in the event of an emergency. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child. By signing below, I acknowledge that I have read, understand and executed this agreement as of the date shown.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_