



PAINTING & MORE SUMMER CAMP REGISTRATION

Camper's Name: _____
 Address: _____
 Phone Number: _____
 Parent/Guardian: _____
 Age of Camper: _____
 How did you hear about us? _____

SELECT WEEK(S) OF CAMP – SUMMER 2019

CAMP	PRICE
June 24-28	\$420
July 8-12	\$420
July 22-26	\$420
July 29- August 2	\$420
August 12-16	\$420

Sub total: _____

DISCOUNTS

Take \$30 off for EARLY BIRD registration by May 31st. 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

Credit Card Number	Expiration Date	Code
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Billing Zip code for Card

Name on Card

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:

1st Emergency Contact: _____ Phone: _____

Relationship to student: _____

2nd 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: _____