

OAKESIDE STUDIO OF CREATIVE ARTS

240 BELLEVILLE AVENUE, BLOOMFIELD, NJ 07003

2017 SUMMER ART CAMP REGISTRATION FORM

NAME _____

ADDRESS _____

TOWN, STATE _____ ZIP CODE _____

BIRTHDATE _____ AGE _____

TELEPHONE # _____ CELL PHONE _____

EMERGENCY CONTACT _____ EMERGENCY # _____

RELATIONSHIP TO CAMPER _____

ANY KNOWN BEHAVIORAL OR MEDICAL PROBLEMS: YES OR NO

IF YES, PLEASE EXPLAIN: _____

PLEASE CHECK SESSION(S) ATTENDING:

____ SESSION 1: JUNE 26 - JUNE 30 (Summer Art Camp) ages 5-13

____ SESSION 2: JULY 10 - JULY 14 (Adventures in Cooking) ages 5-13

____ SESSION 3: JULY 17 - JULY 21 (Drawing, Painting & 3-D Art Creations) ages 5-13

____ SESSION 4: AUGUST 7 - AUGUST 11 (Drawing, Painting & 3-D Art creation) ages 5-13

Tuition for sessions 1, 3 & 4 is \$250.00

Tuition for session 2 is \$285.00

The full amount is due at the time of registration payable to OAKESIDE STUDIO OF CREATIVE ARTS.

A fee of \$25.00 will be assessed for any returned checks.

Refunds must be requested before the first day of camp.

Oakeside must be informed in writing of any behavioral or medical conditions & allergies before a child attends camp, absolving Oakeside Studio of the Creative Arts and its employees of any liability.

By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by the registrant and accepted by the Oakeside studio of creative arts.

Payment information:

of sessions: _____ Cash or check # _____ Total amount \$ _____

Parent/Guardian signature

Date