

# **OAKESIDE STUDIO OF CREATIVE ARTS**

**240 BELLEVILLE AVENUE, BLOOMFIELD, NJ 07003**

## **2018 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: \_\_\_\_\_

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PLEASE CHECK SESSION(S) ATTENDING:

\_\_\_\_ SESSION 1: JULY 9 - JULY 13 (All about Me) ages 5-13

\_\_\_\_ SESSION 2: JULY 16 - JULY 20 (Adventures in Cooking) ages 5-13

\_\_\_\_ SESSION 3: JULY 23 - JULY 27 (Wizard School: Magical Crafts & Games) ages 5-13

\_\_\_\_ SESSION 4: AUGUST 6 - AUGUST 10 (Drawing Just About Anything) 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.

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 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 Oakeside.

*Payment information:*

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

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date