

## Summer Camp Registration Form 2012

Student Name(s): \_\_\_\_\_

Students Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: Street, City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. Please check which CAS location you would like your child to attend:

**Boerum Hill** (310 Atlantic Ave.) or  **Carroll Gardens** (119 Union Street)

2. Please check which camp sessions you would like your child to attend:

**Session I Weeks of:**

07/9  07/16  07/23  07/30

**Session I Early Drop-Off, Weeks of:**

07/9  07/16  07/23  07/30

**Session I After Camp, Weeks of:**

07/9  07/16  07/23  07/30

**Session II Weeks of:**

08/06  08/13  08/20  08/27

**Session II Early Drop-Off, Weeks of:**

08/06  08/13  08/20  08/27

**Session II After Camp, Weeks of:**

08/06  08/13  08/20  08/27

### Summer Camp Fees

**Registration Fee:**

\$25

**Weekly Fee:**

\$425/week

**Session Fee (4 weeks):**

\$1,620

**Full Summer Fee (8 weeks):**

\$3,080

**Early Drop-Off Fee:**

\$25/week

**After-Camp Fee:**

\$85/week, \$20/day

3. Please calculate your total Summer Camp Fee using the box on the right:

**Camp Weeks** +  **Weeks of Early Drop-Off** +  **Weeks of After Camp** + \$25 \***Registration Fee** = **Total** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor / Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Does your child have any allergies?: \_\_\_\_\_ If yes, please list: \_\_\_\_\_

How did you hear about Creative Arts Studio?: \_\_\_\_\_

\*Registration fee is due at the time of registration with a 50% non-refundable deposit to hold your child's space.

\*All remaining balances are due by May 1, 2012 to avoid a \$15 late fee.

Please make checks payable to Creative Arts Studio.

**Print this form and send to Creative Arts Studio at 310 Atlantic Ave. Brooklyn, NY 11201**

Summer Camp Waiver / Photo Release 2012

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The undersigned hereby waives and releases Sherri Hellman and the Creative Arts Studio from all claims as to any and all injuries that may incur or sustain at the Creative Arts Studio.

**WAIVER**

The undersigned hereby waives and releases Sherri Hellman and the Creative Arts Studio from all claims as to any and all injuries that may incur or sustain at the Creative Arts Studio.

Student Name(s): \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Parent / Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian Cell Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

\_\_\_\_\_ I hereby grant permission to the Creative Arts Studio to take and use photographs / video tapes of my child for the use of promotional materials for the studio.

\_\_\_\_\_ I hereby do not grant permission to the Creative Arts Studio to take and use photographs / videotapes of my child for the use of promotional materials for the studio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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