



registration form / winter camp 2010

Students may register by mailing in the attached registration form or by walk-in registration at Creative Arts Studio at 310 Atlantic Avenue.

Registration Fee: \$25 / per child
Students must register before attending classes

Student Name(s):
Student Birthdate(s):
Parent/Guardian Name(s):
Parent/Guardian Phone: Work Phone:
Parent/Guardian Cell Phone(s):
E-mail Address:
Address (Street, City, State, Zip):

CAS Winter Arts Camp

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

- Boerum Hill / 310 Atlantic Avenue - \$310 / camp week (Tuesday - Friday)
Carroll Gardens / 119 Union Street - \$310 / camp week (Tuesday - Friday)

Optional Winter Camp Services

Please check if you are interested in these optional camp services:

- Early Drop-Off / 8:30 am - \$20 / camp week (Tuesday - Friday)
After Camp / 3:00-6:00 pm - \$70 camp week / \$20 day

Camp Fee: + (optional services) + \$25 / Reg. Fee = Total Amt

Emergency Contact:

Relationship to Student:

Home Phone: Work Phone:

Doctor / Pediatrician: Phone:

Pediatrician's Address:

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

How did you hear about Creative Arts Studio?:

Please make checks payable to Creative Arts Studio. Print this form and return to:
Creative Arts Studio at 310 Atlantic Ave., Brooklyn, NY 11201.



release & waiver / winter arts camp 2010

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 / videotapes 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: _____

Please make checks payable to Creative Arts Studio. Print this form and return to:
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