

Art Camp Registration Form

Student 1 Name:				D.O.B://	Grade:
Student 2 Name:				D.O.B://	Grade:
School attending:	ALLERGY NOTE:				
Address:					
Contact Number:					
E-mail :					
	Contact Number:				
Father's Name:	Contact Number::				
Dates (Week)	Half Day 9am-12:00pm	Half Day 1:30-4::30pm	Full Day 9am-4:30pm	Discount	Notes
			Total Due		
-	6198690989, Pay lay (\$100/wk) cand			_	_
In case of emergency, V above.I hereby waive a resulting from my child	ll rights & claims	against Maya	Art Center an	nd its team memb	ers for any liability
Parent/Guardian Sign	nature:			Date:	