

SUMMER CAMP 2009 APPLICATION FORM

All Art Camp – Miramar, Florida

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|-----------------------|---|
| CAMPER'S NAME: | Attended our camp before: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------|---|

Address:

| | | |
|-------|--------|-----------|
| City: | State: | Zip code: |
|-------|--------|-----------|

| | | |
|---------------------------|------|------|
| Camper's Birthday: / / | Age: | Sex: |
|---------------------------|------|------|

PARENTS

| | |
|-------------|-------------|
| Home phone: | Work Phone: |
|-------------|-------------|

| | |
|----------------|----------------|
| Mother's Name: | Father's Name: |
|----------------|----------------|

| | |
|--------------------|--------------------|
| Mother's Cellular: | Father's Cellular: |
|--------------------|--------------------|

| | |
|-----------------|-----------------|
| Mother's email: | Father's email: |
|-----------------|-----------------|

CAMPS HOURS

(Select) 9:00AM to 3:00 PM (Select)

| | | | | | | |
|---------------|--|--|--|---------------|--|--|
| Session ONE | | | | Session SIX | | |
| Session TWO | | | | Session SEVEN | | |
| Session THREE | | | | Session EIGHT | | |
| Session FOUR | | | | Session NINE | | |
| Session FIVE | | | | | | |

- Regular Camp (1week): Hours (9:00am to 3:00pm)
- First week of camp \$220.00 (including all materials and snacks)
- Second week and there after you will receive a discount:
 - Cost per week \$195.00 (including all materials and snacks)
- A one-week deposit must be paid to guarantee space.
- One Week Camp: \$220.00
- NO REGISTRATION FEE

EXTENDED HOURS

| | |
|---|-----------------------|
| <input type="checkbox"/> 8:00am to 3:00pm | add. \$15.00 per week |
| <input type="checkbox"/> 8:00am to 4:00pm | add. \$30.00 per week |
| <input type="checkbox"/> 9:00am to 4:00pm | add. \$15.00 per week |
| <input type="checkbox"/> 9:00am to 5:00pm | add. \$30.00 per week |

NO REFUND AND OR MAKE-UP CLASSES

Campers must bring their own lunches, clearly marked with their name. Free snacks will be provided at the end of each session.

Any medical problems:

(Explain here)

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I hereby give permission to the Early Art Education Institute and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under provision of the Medical Practice Act; in my absence should an injury occur. I understand that due to insurance regulations, paramedics or ambulance must transport injured or ill children to a Hospital, where necessary. **CAMP PERSONNEL CANNOT TRANSPORT THEM.** It is also my intent to grant authority to administer and perform any and all examinations including but not limited to x-ray examinations, treatment, anesthetics, and diagnostic procedures that may in the course of my child's care be deemed advisable and necessary. I also understand and agree that I will be responsible to pay any and all charges incurred as a result of my child's treatment at the treating Hospital and/ or expense for transportation to a Hospital.

Please, list all individuals (including parents) allowed to pick up child:

| | |
|----------|---------------|
| 1- Name: | Relationship: |
| 2- Name: | Relationship: |
| 3- Name: | Relationship: |
| 4- Name: | Relationship: |

I HAVE READ AND UNDERSTAND THE ABOVE POLICY, and agreed to all the rules and regulations of the Institute:

| | |
|-------|-------|
| Name: | Date: |
|-------|-------|

Signature: (sign here)

Approved by:

PAYMENT:

To make your payment by check, please mail to:
Early Art Education Institute, Suite Mall of Georgia, 3480 Financial Center Way, Suite 1060
 Buford, GA 30519

❖ To make your payment by credit card, please fill out the following information:

| | | |
|-------------------------------------|--------|-------|
| Name: | First: | Last: |
| Credit Card Number: | | |
| Expiration date: | Month: | Year: |
| 3 digits from the back of the card: | | |
| Your signature: | | |

Fax this form to fax: 954-374-9051
 Or deliver it in person to: Early Art Education Institute
 11906 Miramar Parkway, Miramar , FL 33025