



DATES OF CAMP 2010	Half-day Camp 9am – 12 noon	Half-day Camp 12:30pm – 3:30pm	Full-day Camp 9am – 3:00pm
*ALL ART MATERIALS, SNACKS & LUNCHES INCLUDED			
WEEK 1 (June 14 - June 18)	\$240	\$240	\$400
WEEK 2 (June 21 - June 25)	\$240	\$240	\$400
WEEK 3 (June 28 - July 2)	\$240	\$240	\$400
WEEK of July 4th (July 5 – July 9) no camp	\$240	\$240	\$400
WEEK 4 (July 12 - July 16)	\$240	\$240	\$400
WEEK 5 (July 19 - July 23)	\$240	\$240	\$400
WEEK 6 (July 26 - July 30)	\$240	\$240	\$400
WEEK 7 (August 2 - August 6)	\$240	\$240	\$400
WEEK 8 (August 9 - August 13)	\$240	\$240	\$400
WEEK 9 (August 16 - August 20)	\$240	\$240	\$400
WEEK 10 (August 23 - August 27)	\$240	\$240	\$400

www.allartstudio.net ● **ph: (650) 654-6181** ● **cell: (650) 823-6443** ● **email: allartstudio@gmail.com**
Make deposit or full payment checks payable to allARTstudio and mail to 1199A Laurel St., San Carlos, CA 94070

----- DETACH THIS PORTION AND RETURN TO THE STUDIO WITH PAYMENT -----

Updated on 01/30/10

Camper's Name: _____ **Age** _____ **Grade** _____ **Girl** **Boy** **New** **Returning Camper**

- Yes, we plan to attend Summer Art Camp. Specify WEEK (s) #** _____ **Date (s)** _____
- 9am- 12noon (3hr. per day – 5 days per wk)** **12 30pm – 3:30pm (3hr. per day – 5 days per wk)**
- 9am– 3pm (6hr. per day – 5 days per wk)** **Dropin time** _____ **–** _____ **(Drop-in days** _____ **per wk)**

The following **siblings** would like to attend as well (please list names and ages) **Name** _____ **Age** _____

EMAIL (please print clearly) _____

Emergency Contact _____ **Home Phone** _____ **Cell** _____

Special medical, dietary restrictions or special needs _____

How did you hear about us? Referral; Bay Area Parent; Other (please describe): _____

Parents Name: Mother _____ **Father** _____ **Parents Signature** _____

Authorized Person(s) To Pick-Up Student:
Name & Relationship: _____ **Phone:** _____

WAIVER OF LIABILITY: As the parent or guardian of a minor child (hereafter "my child") participating in activities of the allARTstudio, I hereby waive and release any claims I or my child may have, now or in the future, against the allARTstudio and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the allARTstudio") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the allARTstudio's facilities, (2) participating in the allARTstudio' activities, or (3) being transported to or from the allARTstudio's facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the allARTstudio's active or passive negligence. The allARTstudio is neither certified nor licensed as a day care provider. In the event of an injury to my child, I hereby give the allARTstudio permission to arrange transportation for my child to a hospital, and/or provide my child with Emergency treatment or first aid, although I understand that the allARTstudio does not assume any responsibility to take any of these actions. This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. By signing this registration form, the student or/and the parent(s) hereby and forever discharge, release, and hold harmless, the instructor(s) from all liabilities and law suits regarding any damage, loss, or injury resulting from the student's participation in art lessons/programs at allARTstudio location and field trips. I certify that I am the parent or legal guardian of the child whose name is listed above.

Signature: _____ **Print name:** _____ **Date** _____
 (Parent or Guardian for Child)

Photo Release Policy:
 From time to time allARTstudio takes photographs of students and/or artwork for possible use in our publications and exhibits, for funding, development, and public relations' purposes. No compensation is provided to individuals who appear in the photographs or for artworks used. Please indicate your acceptance of this policy by signing below.

Signature: _____ **Print name:** _____ **Date** _____
 (Parent or Guardian for Child)

INCLUDED IN TUITION: art materials, field easels, snacks and lunches. Please include \$100 deposit for each child with this registration form.
5% family discount is offered for the additional child when two or more members of the family join allARTstudio.



CAMP ENROLLMENT POLICY

Every summer we try to group our camp weeks with the same age children. However, there is a possibility that there will be a mixed age group. The groups are formed on the first-come first-served bases.

The summer program designed in such a way, that ALL the students, regardless of age, will have field trips in the morning session and a studio time in the afternoons. Because our instructions are given to each student on individual bases, ALL students successfully learn and complete their art projects.

The art projects are age appropriate and will vary based on the age group that signed-in for each week. Also we are taking in the consideration the student's choice of art project.

Please initial bellow:

_____ **5% family discount** is offered for second or more family members.

_____ **\$100 deposit (per child / per week)** is required upon registration.

_____ **\$25 cancellation fee.**

_____ **NO REFUND**, if we receive your cancellation request less than 4 weeks prior to the start of camp.

_____ **Missed days** cannot be prorated or fees deducted from tuition.

_____ **A LATE FEE of \$1 per minute per child** will be charged for late pick-ups payable the same day incurred.

_____ If a child displays any **symptoms of illness**, an allARTstudio staff WILL NOTIFY a parent immediately. If a parent is NOT ABLE to have him/her picked up within 30 minutes after being contacted, a \$20 per hour fee will be charged (prorated proportionately) for the time the child remains at allARTstudio.

_____ Disruptive behavior will not be tolerated. Students who do not comply will not be allowed to continue classes and any remaining tuition will be forfeited.

_____ allARTstudio reserves the right to refuse enrollment to anyone.

Please indicate your acceptance of this policy by signing below:

Parent / Guardian Signature: _____ Date _____

Print name: _____

(Parent or Guardian for Child)

STUDIO ONLY: