

Summer Arts Camp

Portside Arts Center

JUNE 20 – JULY 29 2011

Student's Name: _____

Age: _____

School: _____ Birth date: _____ Grade: _____

Parent(s) Name(s): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Emergency Contact Person: _____

Phone: _____

Person(s) with permission to pick up child: _____

Allergies/ Special Concerns: _____

The above enrolled student has my permission to participate in all activities offered at the Portside Arts Center. I authorize the Portside Arts Center to take the necessary steps to insure my family's health and safety in cast of emergency. Furthermore, I agree to hold Portside Arts Center and its instructors free and harmless from damages to property or injury sustained by participation those results from operation of the program. I also authorize the Portside Arts Center to use my family's name and photograph for educational or public relation purposes related to the Portside Arts Center.

Signature Parent or Guardian: _____

Date: _____

Cancellation Policy Refunds will be given in the form of future course credit. We reserve the right to cancel class if student minimum enrollment is not met. Students will be notified of cancellation after registration deadline. (Full refund will be given in this circumstance.)

Dates child is to attend Summer Arts Camp:

(Please Check)

Weekly: Full Day Half Day (am/pm)

____ Week # 1 June 20 - June 25

____ Week # 2 June 27 - July 1

____ Week # 3 July 5 - July 8

____ Week # 4 July 11 - July 15

____ Week # 5 July 18 - July 22

____ Week # 6 July 25 - July 29

(Please Circle)

Daily: Full Day Half Day (am/pm)

6/20	6/21	6/22	6/23	6/24
6/27	6/28	6/29	6/30	7/01
OFF	7/05	7/06	7/07	7/08
7/11	7/12	7/13	7/14	7/15
7/18	7/19	7/20	7/21	7/22
7/25	7/26	7/27	7/28	7/29