

Westside Studio Art Camp

Enrollment Form

student's name _____ age _____

school student attends _____

list desired sessions

guardian's name _____

address, city, zip _____

email address _____

cell phone _____ day phone _____

emergency

contact: _____

medical information

doctor's name

insurance policy and subscriber number

additional information about your child

• Please enclose a \$250 deposit for each camp in which you enroll. • Your balance of \$115 per camp is due by May 1, 2012. *Cancellations forfeit all fees paid.* • *Enrollment changes must be made prior to May 1, 2012 to avoid owing the remaining balance.*

• Make check payable to **Jennifer Burke** • Send completed form and check to:

Jennifer Burke Westside Studio Summer Camp 1019 Allston Way Berkeley, CA 94710

staff initials _____

Liability Waiver

I hereby authorize the instructors of Westside Studio Art Camp to act for me according to their best judgment in any emergency requiring medical attention for my child(ren)

_____,
and I hereby waive and release the instructors of Westside Studio Art Camp from all liability for any and all injuries incurred by

while participating in Westside Studio Art Camps. PARENT SIGNATURE
_____ date

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Aftercare Enrollment

Please complete if you would like regular aftercare. Drop-in opportunities are still available, space permitting. Fees: \$11/hr. drop-in - \$90/week.

*Aftercare is only available if two or more children are enrolled. If cancelled, a refund will be given. This will be confirmed the week before camp, in case other arrangements must be made.

child's name: _____

parent's cell number(s) _____

camp names & dates/hours needed (ie. Art of India 6/15 MWF 3:00 – 4:00pm):

name of person(s) picking up your child(ren):

special instructions or
comments: _____

amount enclosed for aftercare: _____