



# Glass Arts Summer Camps 2024

Camper's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#1 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Age of Camper: Age \_\_\_\_\_ Grade fall (2024) \_\_\_\_\_ School \_\_\_\_\_

**NOTE: RISING 4<sup>th</sup> GRADE and UP ONLY**

How did you hear about us? \_\_\_\_\_

## Select Weeks of Camp *Please fill out a separate form for each camper.*

CAMP WEEK	PRICE
Session 1: June 10-14	\$510
Session 2: June 24-28	\$510
Session 3: July 8-12	\$510
Session 4: July 22-26	\$510
Session 5: July 29 – Aug. 2	\$510
<b>**NEW: TEEN STAINED GLASS INTENSIVE: Aug. 5-9 (Noon to 4pm Mon-Friday) Age 13 and up only Max 7 students only</b>	\$450

Sub total: \_\_\_\_\_

### Discounts

If paying by check, take \$10 off \_\_\_\_\_ \$10 Check discount (for each week) \_\_\_\_\_

Take \$20 off if enroll before April 1, 2022 \_\_\_\_\_ Subtract \$20 (1 time only) early enrollment: \_\_\_\_\_

Take \$20 off each for 2<sup>nd</sup> & 3<sup>rd</sup> week (not 1<sup>st</sup> week) \_\_\_\_\_ Subtract Multiple Week Discount: \_\_\_\_\_

Take \$10 off for a sibling participating the same week\* \_\_\_\_\_ Subtract Sibling Discount: \_\_\_\_\_

*\*The \$10 is for the sibling, not for the first child*

Sibling Name (Pls. submit separate form for sibling): \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### How to Pay:

Our credit card processing fee on charges of this amount is over \$10, but you can save that amount if you pay by check. If you have any questions, please email us. You can send US mail or drop off at studio with this regis. form.



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## Cancellation Policy

- Deposit of \$200 is required at time of registration. Of course, you may pay in full as well.
- **\$85 of your payment is non-refundable.** The balance is refundable up to 7 days prior to the first day of camp.
- **If you cancel within 7 days prior to start of camp, fee is \$150.**
- If the deposit is paid at time of registration, then the balance is due the first day of camp.

## Consent and Release Form

**Student Name:** \_\_\_\_\_

### Emergency and Medical Information:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Specify any health issues we should know:

\_\_\_\_\_

**Pick-up Authorization:** The following person(s) are authorized to pick up my child from the program:

Driver #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver #2: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I authorize my child to leave the camp without being picked up by an adult

**Parental Authorization for Treatment of a Minor Child:** I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As parent or legal guardian, I hereby authorize and appoint Alameda Art Lab of Alameda, CA in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization, and health care in the event of an emergency. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child. By signing below, I acknowledge that I have read, understand and executed this agreement as of the date shown.

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_