



Glass Arts Summer Camps 2019

Camper's Name: First _____ Last _____

Address: Street _____

City _____ State _____ Zip _____

Phone Number: Home _____ Parent/Guardian Cell _____

Parent/Guardian: Name _____ Email _____

Age of Camper: Age _____ Grade fall 2019 _____ School _____

How did you hear about us? _____

Select Weeks of Camp

CAMP WEEK	PRICE
June 17-21: Art Glass Camp	\$420
June 24-28: Art Glass Camp	\$420
July 15-19: Art Glass Camp	\$420
August 5-9: Art Glass Camp	\$420
August 12-16: Art Glass Camp	\$420

Sub total: _____

Discounts

Take \$25 off if enroll before May 1, 2018 (1 time only)

Subtract for early enrollment: _____

Take \$15 off each additional week for up to 3 weeks

Subtract Multiple Week Discount: _____

Take \$15 off for a sibling participating the same week

Subtract Sibling Discount: _____

Sibling Name: _____

Please fill out a separate form for each camper.

TOTAL: _____

How to Pay:

In order to keep our camp costs down, we'd prefer to take payment by check or by taking your credit card at the Art Lab (online payments and manual entry payments cost more to process). SO, that means we'd like you to pay either by mailing a check or come in and pay at the Art Lab. First, please fill out this registration form then either snail mail it or bring it in. If you have any questions, please call or email us. Thank you for your understanding.



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Cancellation Policy

- Deposit of \$150 is required at time of registration. Of course, you may pay in full as well.
- **\$75 of the deposit is non-refundable.** The balance is refundable up to 7 days prior to the first day of camp.
- **Cancellation within 7 days prior to the first day of camp will incur a \$175 cancellation fee.**
- 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:

1st Emergency Contact: _____ Phone: _____

Relationship to student: _____

2nd Emergency Contact: _____ Phone: _____

Relationship to student: _____

Specific health Information:

Asthma _____ Seizures _____ Allergies _____ Medications _____

Other: _____

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

Driver #1: _____ Phone: _____

Driver #2: _____ Phone: _____

Driver #3: _____ 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: _____