

PLAY@ART!

www.playatart.com | 13 S. Haddon Avenue, Haddonfield, NJ 08033 | (856) 433-8784

Summer Camp | Registration | 2023

ages 4-10

Date of Registration: _____ Camp dates requested: _____

Child 1: _____ age: _____ birthday: _____

Child 2: _____ age: _____ birthday: _____

Child 3: _____ age: _____ birthday: _____

Parent 1: _____ cell: _____

email: _____

Parent 2: _____ cell: _____

email: _____

Other adult permitted to pick-up: _____ relationship: _____

- I give permission for my child/children to go on instructor supervised walks.
- I do** / **I do not** give permission for my child to be photographed during class for art projects, parent communications, or P@A marketing, including social media (no names are ever provided).
- My child has the following food allergy:
- I am including an EpiPen to be used in case of emergency.

Each weekly session runs **Monday - Thursday** | 10 am - 2 pm

\$ 320 p/wk | siblings: \$272 p/wk

Child 1 number of camp weeks: _____ x 320 (p/wk) total: _____

Child 2 number of camp weeks: _____ x 272 (15% off p/wk) total: _____

Child 3 number of camp weeks: _____ x 272 (15% off p/wk) total: _____

Total: _____

(50% deposit of registration to secure placement) **Deposit:** _____

Payment Information

To insure your child's placement in a class, please return registration with credit card payment information. A desposit of 50% will be charged to secure your childs registration, fully refundable for cancellations made up to 1 week prior of camp start date. Deposits for cancellations made within 1 week of start date will be fully reimbursed provided we are able to fill that spot. The balance will be charged, or due by check or cash, when the camp week begins. Checks should be made payable to **Play at Art**. **Thank you!**

credit card number: _____ exp. date: _____ / _____ ccv: _____ zip code: _____