

PLAY@ART!

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

Summer Camp | Registration | 2024

ages 5-10

Date of Registration: _____ Camp dates requested: _____

Child 1: _____ age: _____ birthday: _____

Child 2: _____ age: _____ birthday: _____

Parent 1: _____ cell: _____

email: _____

address: _____

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).
- Are there medical diagnosis, allergies, or special needs that we should be made aware of? (please explain below)

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

\$ 350 p/wk | siblings: \$315 p/wk

Child 1 number of camp weeks: _____ x 350 (p/wk) total: _____

Child 2 number of camp weeks: _____ x 315 (10% off p/wk) total: _____

Total: _____

(50% deposit due at time of registration) **Deposit:** _____

Payment Information

To insure your child's placement the 50% deposit must be made at time of registration. Credit card information can be included below or called in. Deposits for cancellations made within 1 week of start date will be 50% reimbursed provided we are able to fill that spot. Balances are due the first of the month you are registered for. If paying by check, checks should be made payable to **Play at Art**.

Thank you!

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