

# Class Registration Form

Please call to check camp availability. Students are admitted on a first come, first served basis. To register, print and complete the form below and mail with payment to Monart School of the Arts, 983-C Lomas Santa Fe Drive, Solana Beach, CA 92075. Make checks payable to Monart. Please note, if you are signing up for camps there is a \$35 cancellation fee. Questions? Call us at 858-259-7154.

**Solana Beach Studio:** New Student: \_\_\_\_\_ Returning Student: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Second Student: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency information must be provided before a minor attends classes.**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any Allergies or Health Concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*I have read and understand the Monart Enrollment Policy. I hereby give Monart Personnel permission to see that the above named child/children receives treatment in an emergency*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Included: \_\_\_\_\_

I am enclosing a check made payable to Monart: \_\_\_\_\_

Please charge my credit card: \_\_\_\_\_

Visa/MasterCard: \_\_\_\_\_ Exp.Date: \_\_\_\_\_