

# Camp 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. Space is not guaranteed until 50% deposit is received. There is a \$35 cancellation fee. Please record dates, no confirmations or reminders will be sent. Questions? Call us at 858-259-7154.

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

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

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

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

Camp # and Dates: \_\_\_\_\_

Extended Care Days: \_\_\_\_\_ Times: \_\_\_\_\_

Please list any allergies or health concerns: \_\_\_\_\_

\_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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