

Summer Camp 2009 Registration Form

Registration Options or CONTACT US

ONLINE at www.kidzartCA.com, Call (916) 574-9700
Fax toll free to: (866) 665-4845, or **Mail** form and payment to:
 1540 River Park Drive Ste 112, Sacramento, CA 95815

Camp Days & Price
 (your choice)
 Mon-Fri \$225
 Mon/Wed/Fri \$149
 Tues/Thurs \$99

Camps run from
 9 am to 2 pm

Please send a lunch
 & bottled water with
 your child.

Open to
Grades K-6
 (must be 5 at time of camp)

In most cases,
 students will be
 grouped
K-2 & 3-6

All supplies
 provided*

Gallery Display
 Fri @ 1:45

Two Themes to Choose From:

Eco-Animal Expedition: From endangered animals to a cleaner environment, it's time to Go Green and Get SmART! With an impressive array of endangered animals from around the world to solar cars and using recycled materials, these projects are guaranteed to inspire any artist. Gourd art, clay, reusable totes with fabric paints, and Elephant Poo paper! *See website or email confirmation for details on bringing recycled materials to camp!

Artist Adventure Camp: Go Around the World with Famous Faces and Famous Places! Paint, sculpt and color your way through the world of art. While on our journey learn about famous artist and how their styles influenced the world of art! Get messy with acrylic paints, fabric painting, clay, faux "stained glass," and much more!

Area	Jun 22-26	July 6-10	July 13-17	Jul 20-24	Jul 27-Jul 31	Aug 3-7
Sacramento, Carmichael, Natomas	Carmichael— Del Dayo Elem (ARTIST)		Sacramento— Cowan Fundamental (ECO)	Natomas— Regency Park Elem (ARTIST)		Carmichael— Del Dayo Elem (ECO)

Student & Family Information

Student Name(s): _____ Grade(s): _____ (for 2008-09 school year) PVT-STME
 School: _____ Birthdate(s): ____/____/____
 Group With: _____ Allergies/Known Medical Conditions: _____
 Emergency Contact (different from above): _____ Emergency Contact Phone: _____
 Family Physician: _____ Phone: _____ Insurance Carrier & Policy #: _____
 Parent/Guardian: _____ Email (for updates): _____ Home Phone: _____
 Cell Phone: _____ Address: _____ City: _____ Zip: _____

Waiver

As the parent/legal guardian of the above named child(ren), I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act in my behalf until I have been contacted: KidzArt, Camp location.

I have read and understand the information provided in this flyer. I waive any right to claim against KidzArt owners, staff and teachers in the event of an accident, injury or loss of personal items. I understand I am committing to participation in KidzArt and reserving a place in class for the designated session above, KidzArt does not offer refunds for tuition paid but will provide a credit towards future KidzArt programs when warranted. I understand it is my responsibility to pick up my child from the designated classroom at the designated end time unless other arrangements have been made. I authorize the release of my child's artwork and photo for display purposes by KidzArt.

Signature: _____ Date: _____

Did you know? . . . That in most cases KidzArt class tuition is tax deductible, talk to your tax advisor today!

Payment, Discounts & Refunds

\$10 discount for additional children or camps. Camp registrations are nonrefundable 30 or fewer days prior to camp, but schedule changes may be made on a space-available basis.

Camp Location: _____
 Camp Dates: _____
 Days of Week: _____ M-F(\$225) _____ M/W/F (\$149) _____ T/Th (\$99)

Additional Options: (Youth Sizes)

- KidzArt T-shirt (\$12) Size: _____ S _____ M _____ L _____ XL
 KidzArt Apron (\$20)

Payable by Credit Card (VISA / MC / Discover / AMEX) or
 Check (attach, please make payable to KidzArt):

Card # _____ Exp: _____

Name on Card: _____

I authorize KidzArt to charge my card:

X _____