



Child's first and last name _____ Age ____

Second child (if registering two) _____ Age ____

Parent's email address _____

Name and phone number of ALL people who will pick child up from camp

Emergency Contact _____

Are there any dietary/physical/emotional specifics we should be aware of?

Session #1 Monday July 9 to Friday July 13, 9-4 ____

Session #2 Monday July 16 to Friday July 20, 9-4 ____

Cost is \$400 for the one week class, all supplies and materials included. Families will be responsible for providing their own packed lunch and snacks. We require a non-refundable deposit of \$100 to secure your child's place at camp. Balance of payment to be made in June. Deposit may be sent by e-transfer or paypal to julie@juliesinden.com. Please use password artcamp.

Every effort will be made to create a safe environment for your child. However in accepting the camp registration I the undersigned discharge Julie Sinden and Jen Bulthuis from any liability whatsoever arising as a result of my child's participation in this camp.

Signature

Date