



# Summer Arts Camp Registration Form

**Cost: \$110 per child, per week (\$400 for all four weeks).** Some scholarships available to those who need financial assistance.

Please complete one form per child.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

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

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

Telephone/s: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Please enroll my child in the following Summer Arts Camp classes:

Weekly classes are Monday – Friday, 1:30pm – 4:30pm

Week 1: July 5 – 9

Week 2: July 12 – 16

Week 3: July 19 – 23

Week 4: July 26 – 30

**Ceramics with Bill Bloom**

**African Dance with Treva Nervis**

**Abstract Drawing and Painting with James Orlando**

**Community Mosaic Art Project with Rachel Rodi**

Total payment (\$110 per child, per class or \$400 for all four weeks): \_\_\_\_\_

Please send checks or money order with registration form to:

**Vallejo Community Arts Foundation**

**PO Box 1767**

**Vallejo, CA 94590**

## PARENTAL AGREEMENT:

I agree that my child \_\_\_\_\_, has permission to participate in the Vallejo Community Arts Foundation Summer Arts Camp 2010. I also understand that space permitting I am invited to observe, but may not interact with the class unless volunteering as a teacher's assistant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)