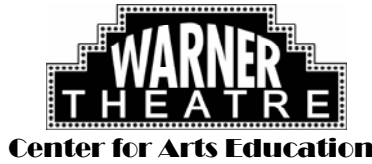


Office Use Only

Processed By: _____

Date: _____



Summer Arts Program 2010

* Please complete ONE registration form per student *

STUDENT'S NAME: _____ SEX: M _____ F _____

AGE: _____ DOB: _____ HAS STUDENT ATTENDED THE SUMMER ARTS PROGRAM BEFORE? Yes _____ No _____

PARENT OR GUARDIAN NAMES: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ ALTERNATE / CELL PHONE #: _____

EMAIL ADDRESS (REQUIRED): _____

IN CASE OF EMERGENCY, CONTACT: _____ Phone #: _____

SPECIAL NEEDS / MEDICAL CONDITIONS / MEDICATIONS (LIST ALL): _____

ALLERGIES: _____

Please attach a copy of student's updated medical form, signed by student's physician. Forms must be received prior to first day of program, per State Camp Licensing requirements.

*** NOTE: ALL STUDENTS MUST BRING THEIR OWN TAP SHOES FOR THE FIRST DAY OF THE PROGRAM ***

PLEASE SELECT APPROPRIATE SESSION(S):

- SESSION 1 (Ages 7-12) July 12 - 23
- SESSION 2 (Ages 7 - 12) July 26 - August 6
- SESSION 3 (Ages 10 - 16) August 9 - 20

*** Full payment due at time of registration. ***

REGULAR TUITION.....\$450 • EARLY BIRD TUITION.....\$425 • SIBLING TUITION.....\$425
EARLY BIRD SIBLING.....\$400 • ADDITIONAL \$25 OFF IF REGISTERING FOR MULTIPLE SESSIONS

* IN ORDER TO QUALIFY FOR **EARLY BIRD TUITION DISCOUNT**, REGISTRATION MUST BE RECEIVED BY **MAY 29TH, 2010** *

TOTAL TUITION COST: \$ _____ | TOTAL DUE: \$ _____ | TOTAL PAID: \$ _____

METHOD OF PAYMENT (*Please Check One*): Personal Check Cash Gift Certificate VISA MasterCard Discover®

CREDIT CARD #: _____ EXPIRATION DATE: _____ / _____ 3-DIGIT CODE (CID #): _____

I, the undersigned, as legal guardian of the above named minor, hereby grant permission for said minor to participate in the 2010 Warner Summer Arts Program. I understand that there will be NO REFUNDS of tuition, including cases of illness or injury, unless a doctor's statement is provided.

Signature: _____ Date: _____