



Center for Arts Education

Summer Arts Program 2008

* Please complete ONE registration form per student *

Student's Name: Sex: M F

Age: DOB: Has student attended the Warner Summer Arts Program before? Yes No

Mailing Address:

City: State: Zip:

Home Phone #: Alternate/Cell Phone #:

Email Address (REQUIRED for School Notices):

Parent or Guardian Names:

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 7 - 18
SESSION 2 (Ages 7 - 12) July 21 - August 1
SESSION 3 (Ages 10 - 16) August 4 - 15

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

REGULAR TUITION.....\$425 • EARLY BIRD TUITION.....\$400 • SIBLING TUITION.....\$400
EARLY BIRD SIBLING.....\$375 • ADDITIONAL \$25 OFF IF REGISTERING FOR MULTIPLE SESSIONS

* IN ORDER TO QUALIFY FOR EARLY BIRD TUITION DISCOUNT, REGISTRATION MUST BE RECEIVED BY MAY 17TH, 2008 *

METHOD OF PAYMENT (Please Check One):

- Personal Check Cash Gift Certificate VISA MasterCard Discover

Credit Card #: Expiration Date: /

I, the undersigned, as legal guardian of the above named minor, hereby grant permission for said minor to participate in the 2008 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: