

# Registration Form - Summer Art Camp 2009

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

School child currently attends \_\_\_\_\_ Grade \_\_\_\_\_

Is there any medical condition we should be aware of? Yes No

If yes, please explain \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Will you need Extended Day? Yes No *(you may register for Extended Day at a later date)*

I give permission for the Community Art Center to use my child's photo in brochures and marketing.  
 Yes No

Session	Date(s)	Registration	Tuition	Extended	TOTAL
		Fee		Day fee	

Total Due \_\_\_\_\_

Amount Enclosed (minimum due: all registration fees) \_\_\_\_\_

Balance Due by May 15 \_\_\_\_\_

**Health forms are also due May15!**  
**(health forms are sent with registration confirmation)**

\_\_\_\_\_  
 Cardholder's Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Account #

\_\_\_\_\_  
 Expiration Date

Please note - charges will appear on your credit card statement as "TU BURSAR."

*For students in multiple sessions and in need of a payment plan please contact our office.*

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