



SUMMER ART CAMP REGISTRATION 2011 — Page 1 of 2

artclass@healdsburgcenterforthearts.com

Student's Name	Parent's Name
Address	ADDRESS
City – Zip Code	City – Zip Code
BEST # TO REACH PARENT DURING ART CAMP HOURS ()	
HOME PHONE # OF PARENT ()	
CELL PHONE # OF PARENT ()	
PARENT'S EMAIL ADDRESS	

WEEK	DATE	NAME	TIME OF CLASS	COST	OFFICE ONLY A/ C /W
WEEK 1	June 20 – 24	Me and My Family - Portraits in Painting, Drawing and Collage	9a-12p	\$ 165.00	
Week 2	June 27 – July 1	Oceans of Fun	9a-12p	\$ 165.00	
Week 3	July 5 – 8 (Tuesday – Friday 4 days only)	Growing a Garden	9a-12p	\$ 132.00	
Week 4	July 11 – 15	Clay and Mosaics from A to Z	9a-12p	\$ 165.00	
Week 5	July 18 – 22	Art Takes Flight	9a-12p	\$ 165.00	
Week 6	July 25 -29	Textile Artistry	9a-12p	\$ 165.00	

Total for due	\$
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Payment maybe made by Credit Card or Check ****Make checks payable to Healdsburg Center for the Arts**

Payment by Credit Card: Card # _____ - _____ - _____ Exp Date ____/____/____ 3 Digit Code _____

Terms of Agreement: Class sizes are limited. **To reserve a place for your child's registration form and payment must be received by the Art Center.** Checks and credit cards are accepted; **Make all checks payable to Healdsburg Ctr for the Arts.** You may mail or drop off your registration at : Healdsburg Center for the Arts - 130 Plaza Street, Healdsburg, Ca 95448; Email **questions** to artclasses@healdsburgcenterforthearts.com .

Cancellation policy – **Cancellations must be made in writing (not via email).** Cancellations received a minimum of 2 weeks prior to date class begins, will have an administrative fee applied of \$45.00 per class cancelled. No refunds will be made for cancellations made within 2 weeks of class beginning. A returned check fee of \$25.00 will be applied to any checks returned for insufficient funds by the bank. If Classes are not full by 7 days before the class begins, HCA reserves the right to cancel class and will then return full amount of registration fee for that class, by check to person who paid.

Parent's Signature

Parent's Name – Printed

Date

SEND SIGNED ORIGINAL w/ Payment – PLEASE MAKE A COPY FOR YOUR RECORDS

FOR OFFICE USE ONLY PAID:	() Paid by Check #	() Paid By Credit Card	Date Posted
<i>Refund:</i>	Amt:	Check #	



HEALDSBURG CENTER FOR THE ARTS

SUMMER ART CAMP REGISTRATION 2011 — STUDENT INFORMATION

Page 2 of 2

artclass@healdsburgcenterforthearts.com

Student's Name		Parent's Name	
Address		ADDRESS	
City – Zip Code		City – Zip Code	
BEST # TO REACH PARENT DURING ART CAMP HOURS	()		
HOME PHONE # OF PARENT	()		
CELL PHONE # OF PARENT	()		
Who is authorized to pick up your child?			

Student Information : ie allergies, medications

Information you would like the teacher to know:

SEND SIGNED ORIGINAL – PLEASE MAKE A COPY FOR YOUR RECORDS

Parent's Signature

Parent's Name – Printed

Date