

# Summer Camp 2010 Registration Form

(The Bridges after schools program proudly sponsors KidzArt)

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**To REGISTER  
or CONTACT US**

**ONLINE** at [www.kidzartCA.com](http://www.kidzartCA.com), **Call** (916) 574-9700

**Fax** toll free to: (866) 665-4845

**Mail** form and payment to: 4480 Duckhorn Dr #100, Sacramento, CA 95834

## Camp Schedule & Details

	Jun 7-11	Jun 14-18	Jun 21-25	Jun 28-Jul 2	July 5-9	July 12-16	Jul 19-23	Jul 26-Jul 30	Aug 2-6
Davis Vacaville Fairfield	Fairfield: *Spy Camp* (Nelda Mundy Elem)	Fairfield: *Space Camp* (Nelda Mundy Elem)				Davis: *Spy Camp* (Pioneer Elem)			Davis: *Space Camp* (Pioneer Elem)
Folsom El Dorado Hills		Folsom: *Space Camp* (Folsom Lake HS)	EDH: *Spy Camp* (Golden Hills School)	Folsom: *Spy Camp* (Folsom Lake HS)	EDH: *Space Camp* (Golden Hills School)	EDH: *Spy Camp* (Golden Hills School)	EDH: *Space Camp* (Golden Hills School)	Folsom: *Spy Camp* (Folsom Lake HS)	
Sacramento Carmichael Natomas Gold River Fair Oaks		Carmichael: *Space Camp* (Our Lady of the Assumption - OLA)	Sac/Arden: *Spy Camp* (Sierra Oaks Elem)  Carmichael: *Spy Camp* (OLA)	Sac/Arden: *Space Camp* (Cowan Elem)  Natomas: *Space Camp* (West Lake Charter Elem)	Carmichael: *Spy Camp* (Del Paso Manor Elem)	Fair Oaks: *Spy Camp* (Dewey Funda-mental School)	Natomas: *Spy Camp* (Regency Park Elem)	Gold River: *Space Camp* (Gold River Elem)	Carmichael: *Space Camp* (Del Dayo Elem)

### Camp Days & Price (your choice)

**Mon-Fri \$225**  
**Mon/Wed/Fri \$149**  
**Tues/Thurs \$99**

### Camp Time: 9 am to 2 pm

**Please send a lunch, snack & bottled water with your child.**

**\$10 off Sibling or Multiple Camps**

### Open to Grades K-6 (must be 5 at time of camp)

**In most cases, students will be grouped K-2 & 3-6**

### All supplies provided

**Gallery Display  
Fri @ 1:45  
Please Join Us!**

## Student & Family Information

Student Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_ (for 2009-10 school year)

School: \_\_\_\_\_ Birthdate(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Group Child With: \_\_\_\_\_

Allergies/Known Medical Conditions: \_\_\_\_\_

Emergency Contact (different from above): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier & Policy #:: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email (for updates): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Waiver

*As the parent/legal guardian of the above named child(ren), I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.*

*I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act in my behalf until I have been contacted: KidzArt, Camp location.*

*I have read and understand the information provided in this flyer. I waive any right to claim against KidzArt owners, staff and teachers in the event of an accident, injury or loss of personal items. I understand I am committing to participation in KidzArt and reserving a place in class for the designated session above, KidzArt does not offer refunds for tuition paid but will provide a credit towards future KidzArt programs when warranted. I understand it is my responsibility to pick up my child from the designated classroom at the designated end time unless other arrangements have been made. I authorize the release of my child's artwork and photo for display purposes by KidzArt.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment, Discounts & Refunds

**\$10 discount for additional children or camps. Camp registrations are nonrefundable 30 or fewer days prior to camp, but schedule changes may be made on a space-available basis.**

Camp Location: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Days of Week: \_\_\_\_ M-F(\$225) \_\_\_\_ M/W/F (\$149) \_\_\_\_ T/Th (\$99)

### Additional Options: (Youth Sizes)

- KidzArt T-shirt (\$12) Size: \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL  
 Kidzart Apron (\$20)

Payable by Credit Card (VISA / MC / Discover / AMEX) or

Check (attach, please make payable to KidzArt):

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I authorize KidzArt to charge my card:

X \_\_\_\_\_

**This is not a program of the San Juan Unified School District and San Juan accepts no liability or responsibility.**