



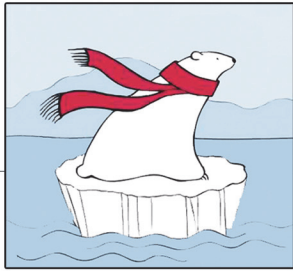
2022
WINTER
art camps



Registration Form

Student's Name _____ Age _____ DOB _____
Camp Title(s) _____ Date(s) _____
Camp Title(s) _____ Date(s) _____

Student's Name _____ Age _____ DOB _____
Camp Title(s) _____ Date(s) _____
Camp Title(s) _____ Date(s) _____



TOTAL PAYMENT REMITTED: _____
Please include Full Tuition with this form.

How did you hear about us? _____

Emergency Contact Form

Parent/Guardian _____ Phone - h (_____) _____
Street _____ w (_____) _____
City _____ Zip _____ c (_____) _____
Email _____

Physician _____ w (_____) _____
Medical Plan _____ Plan # _____
Allergies _____

Emergency Contact _____ Phone - (_____) _____

I hereby give Monart personnel permission to see that my minor/child receives medical treatment in an emergency.

Signature _____ Date _____

Make Checks Payable to:
Return this form to:

MONART
Monart Drawing Studio
628 South Arthur Avenue
Arlington Heights, IL 60005
847.788.9323
sharpeexpressions.com



Refund Policy:

Up to 10 days prior to each session, a full refund (less a \$25 retainer fee) will be given. After a session begins, there will be no refunds unless the session is cancelled by the Studio.