



2023
Summer
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 here 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 _____

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 are no refunds unless the session is cancelled by the Studio.

Make Checks Payable to:
 Return this form to:

Monart Drawing Studio
 628 South Arthur Avenue
 Arlington Heights, IL 60005

MONART
847.788.9323
sharpeexpressions.com

