



2024  
**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](http://sharpeexpressions.com)

