



# Summer Camp Registration Form

6462 College Road, Lisle IL 60532 (630) 778-9825 lxu@artroominc.com

Name: \_\_\_\_\_ Gender: F M

(circle one)

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Emergency Contacts:

Mom: \_\_\_\_\_ Tel: \_\_\_\_\_

Dad: \_\_\_\_\_ Tel: \_\_\_\_\_

Other: \_\_\_\_\_ Tel: \_\_\_\_\_

Have you taken any private art lessons before? Y N

Where: \_\_\_\_\_

Choose the camp dates and times you prefer: (\* means 4 Day camp)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> June 5 - 9                    | <input type="checkbox"/> June 12 - 16 |
| <input type="checkbox"/> June 19 - 23                  | <input type="checkbox"/> June 26 - 30 |
| <input type="checkbox"/> July 17 - 21                  | <input type="checkbox"/> July 24 - 28 |
| <input type="checkbox"/> July 31 - Aug 4               |                                       |
| <input type="checkbox"/> Aug 7 - 11                    |                                       |
| <input type="checkbox"/> <b>Morning Session (M):</b>   | <b>9:00 am – 12:00 pm</b>             |
| <input type="checkbox"/> <b>Afternoon Session (A):</b> | <b>1:30 pm – 4:30 pm</b>              |
| <input type="checkbox"/> <b>Half Day: \$165 weekly</b> | <b>(Register before May 31)</b>       |
| <b>\$185 weekly</b>                                    | <b>(Walk in at the door)</b>          |

**(All sessions are subject to 5 children minimum)**

Change of the Camp date after registration is subject to space availability. No refund for camp cancellation, instead proceeds can be used for regular Art Room lesson. Please send the **completed form, along with check payable to Art Room** to:

Art Room, 2731 Maple Avenue, Lisle IL, 60532

Materials, drinks and snacks will be included