Kids Art Camp Enrollment Form

| Child's Full Name | |
|---------------------------------|---|
| | |
| Age | |
| | |
| Grade | |
| | |
| Parent/Guardian Name | |
| | |
| Phone Number | |
| | |
| Email Address | |
| | |
| Select Session | |
| | • |
| Allergies or Medical Concerns | |
| | |
| Emergency Contact Name & Number | |
| | |
| Additional Notes | |
| | |