



MASTERS SCHOOL OF ART

Christian Center for the Arts

Summer Camp 2016 Registration

Which Summer Camp are you registering for? (circle one) **JULY** **AUGUST**

Camp Dates: _____

Student Name: _____ Nickname?: _____ M / F

Age: _____ DOB: ___/___/___

Parent/Guardian Name(s): _____

Phone #: _____ Alt. Phone #: _____

Address: _____

Parent's Email: _____

Emergency Contact (other than parent):

1. Name: _____ Phone Number: _____

Relationship to student: _____

2. Name: _____ Phone Number: _____

Relationship to student: _____

Please circle 5 classes your child would be interested in taking and place a star beside your two most-wanted classes: (Your child's personalized class schedule will be sent to the email address given above right before camp begins.)

Drawing(ages 8&Up) *Painting* *Animal Drawing* *Portrait*

Cartooning *Watercolor*(ages 9&Up) *Anime* *Crafts*

A \$35 registration fee is due with your application. (The registration fee will be counted toward your total camp tuition. The remainder will be due the week before the first day of camp.)

Please make checks payable to Masters School of Art, and mail Registration Form, Medical Release Form and check to: **Masters School of Art**

PO Box 82

Clackamas, OR 97015