

2011 art camp registration form

Date _____

SSA ID # _____

student information PLEASE PRINT CLEARLY. INCOMPLETE FORMS CANNOT BE PROCESSED.

MAIL FAX TELEPHONE WALK-IN

NEW STUDENT RETURNING STUDENT

CHILD'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

MAILING ADDRESS _____ CITY _____ STATE / ZIP _____ COUNTY _____

PARENTS / GUARDIAN NAME(S) _____ PARENTS / GUARDIAN CELL OR DAY PHONE _____

HOME TELEPHONE _____ PARENTS / GUARDIAN EMAIL _____

CHILD'S GENDER FEMALE MALE CHILD'S DATE OF BIRTH _____
PLEASE ATTACH AGE VERIFICATION FOR 5- AND 6-YEAR

ETHNICITY (For SSA's Grant Purposes) _____

CHILD'S SCHOOL _____ SCHOOL DISTRICT _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY _____ RELATIONSHIP _____ TELEPHONE _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY _____ RELATIONSHIP _____ TELEPHONE _____

I HAVE READ THE SSA REGISTRATION POLICIES DECLARE DISABILITY (See Special Needs on Page 01)

class registration MEMBERS RECEIVE A DISCOUNT ON CLASSES

	CLASS No.	CLASS TITLE	WEEK	AM/PM	TUITION
sample	7-7071	Wirework Creatures	1	PM	\$140
1)					
2)					
3)					
4)					
5)					
6)					
CAMP CARE • \$30 per week x Number of Weeks _____					= \$ _____

ssa membership

PLEASE MAKE A SEPARATE PAYMENT FOR MEMBERSHIP AND LIST INFORMATION BELOW.

FAMILY MEMBERSHIP | \$75 \$ _____

AMOUNT PAID \$ _____

class payment information

TOTAL TUITION SSA MEMBER \$ _____
 NON-MEMBER \$ _____

DEDUCT
 GIFT CERTIFICATE — \$ _____
 SCHOLARSHIP — \$ _____

AMOUNT PAID \$ _____

class/membership payment method CHECK ONE OF THE FOLLOWING

CASH CHECK MONEY ORDER CREDIT CARD

CARD # _____ EXP. DATE _____ CCV # _____

CARDHOLDER'S NAME _____ CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S MAILING ADDRESS _____ CITY _____ STATE/ZIP _____

