



BARN FOR ARTISTIC YOUTH

BAY SUMMER PROGRAM STUDENT REGISTRATION

To reserve a place, kindly circle the appropriate session and return this completed form to the BAY with a non-refundable deposit of \$100.00 (applied to the \$375.00 tuition and materials fee) to hold your child's place in the program. The \$275 balance is due at the beginning of the first class (Check or Cash payments only).

Grades 9-12	Grades 3, 4, & 5	Grades 6, 7, & 8
9am-3pm "Honing Our Skills"	9am-3pm "Fantastic Forest"	9am-3pm "Practicing the Fundamentals"
July 6 th -10 th WEEK 1	July 13 th -17 th WEEK 2	July 20 st -24 th WEEK 3

YOUNG ARTIST INFO:

First Name: _____ Last Name: _____ Gender: _____ Birth Date: _____
 School Name: _____ Grade (Entering in Fall): _____ Age: _____
 Primary Email: _____

PREVIOUS ART CAMP/LESSON EXPERIENCE (IF ANY):

PARENT/GUARDIAN INFO:

Parent/Guardian: _____ Work Place: _____
 Work Phone: _____ Mobile Phone: _____

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 Work Phone: _____ Mobile Phone: _____

HOME INFORMATION:

Street Address: _____ City: _____
 Zip Code: _____ Home Phone: _____ Home Email: _____

EMERGENCY CONTACT INFO:

Allergies/Phobias: _____
 Other Health Concern: _____
 Student's Doctor: _____ Phone Number: _____

If your child becomes ill or is seriously injured, and if there is time, the BAY will contact parents first. If you cannot be reached the first and second person we should contact are:

NAME: _____ Phone: _____
 NAME: _____ Phone: _____

In an emergency, you have given the BAY your permission to arrange for and approve emergency transportation and medical attention for your child by signing this form. In such an emergency the BAY will attempt to make contact with you as soon as is practical under the circumstances.

PERMISSION:

By signing this form you have given the BAY your permission to take photos of your student and their artwork to be used in the studio, to be sent home, to be sent to newspapers to announce achievements, and to be used in BAY advertising (newspapers, brochures, website, etc . . .) unless you cross out this section and initial it.

By signing this form you have given the BAY your permission to share your contact information with other parents who are interested in arranging ride-sharing or play dates unless you cross out this section and initial it.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear about the BAY?

Internet Search:

Brochure:

Facebook:

Festival:

Instagram:

Word of Mouth:

Other: _____