

FIRST NIGHT MONTEREY SUMMER ART DAY CAMP 2017

ARCHER PARK CENTER • 542 Archer Street, Monterey, CA 93940

PHONE: 831-373-4778 • FAX: 831-642-9860 • www.firstnightmonterey.org • email: info@firstnightmonterey.org

Session 1:	Two Weeks	June 12-23	AGES 7-12	9:30am - 4:00pm	Session Full
Session 2:	One Week	June 26-30	AGES 7-16	9:30am - 4:00pm	Session Full
Session 3:	Two Weeks	July 10-21	AGES 7-12	9:30am - 4:00pm	
Session 3A:	One Week	July 10-14	AGES 7-12	9:30am - 4:00pm	
Session 3B:	One Week	July 17-21	AGES 7-12	9:30am - 4:00pm	
Session 4:	One Week	July 24-28	AGES 7-16	9:30am - 4:00pm	Session Full

Extended supervision available: mornings 8:30am - 9:30am and afternoons 4:00pm - 5:30pm

REFUND POLICY and REMINDERS:

- Payment of all class fees must be submitted with registration form and are taken on a first come, first serve basis.
 - Enrollment is not complete until registration form and payment are submitted
 - Cash or Checks Preferred (Checks payable to First Night Monterey)
 - Credit Card payments via PayPal at www.firstnightmonterey.org
- 10% Discount per child when enrolling 2 or more family members.
- Please note: **NO REFUNDS**, Application is complete with payment
- **Sign up with a friend!** Students receive lots of one-on-one attention with teacher and assistants. Age-specific mentorship.

PARTICIPANT(S)		DATE: _____	
• STUDENT#1 - Name: First _____ Last _____		New <input type="checkbox"/> Returning <input type="checkbox"/>	
Date of Birth _____ Grade _____ Age _____ School _____		M <input type="checkbox"/> F <input type="checkbox"/>	
• STUDENT#2 - Name: First _____ Last _____		New <input type="checkbox"/> Returning <input type="checkbox"/>	
Date of Birth _____ Grade _____ Age _____ School _____		M <input type="checkbox"/> F <input type="checkbox"/>	
Resident Address _____			
City _____		State _____	Zip _____
• PARENT(S)/GUARDIAN - Name(s): First _____ Last _____			
Address (if different) _____			
City _____		State _____	Zip _____
Cell Phone _____	Home Phone _____	Work Phone _____	
Email _____			
• Emergency Contact _____			
Phone _____			

<input type="checkbox"/> Session 3 July 10-21 Two Weeks \$400	<input type="checkbox"/> Morning Supervision: \$25 / week
<input type="checkbox"/> Session 3A July 10-14 One Week \$250	
<input type="checkbox"/> Session 3B July 17-21 One Week \$250	<input type="checkbox"/> Afternoon Supervision: \$45 / week
TOTAL AMOUNT DUE \$ _____ METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> PayPal on Website No Refunds	

Does your child have special needs? If yes, please explain: _____

Special Medical Instructions: _____

Doctor's Name: _____ Phone: _____

In consideration for being allowed to participate in First Night Monterey art workshop programs, I, the undersigned, agree to indemnify, hold harmless, and release First Night Monterey (FNM), its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "FNM") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any FNM sponsored workshop program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enrolled in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in workshop programs. I authorize FNM employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any FNM sponsored workshop program and agree to be responsible for all costs incurred. I acknowledge that FNM may take publicity photographs and/or recordings of any FNM sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received Parent Guardian

Signature required to register _____ Date _____