

# FIRST NIGHT MONTEREY SUMMER ART DAY CAMP 2018

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

PHONE: 831-373-4778 • FAX: 831-642-9860 • [www.firstnightmonterey.org](http://www.firstnightmonterey.org) • email: [info@firstnightmonterey.org](mailto:info@firstnightmonterey.org)

### 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](http://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.

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

<input type="checkbox"/> <b>Session 1</b>	<b>June 11-15</b>	<b>Ages: 7-12</b>	<b>\$250</b>	<input type="checkbox"/> <b>Morning Supervision: \$25 / week</b>	<b>8:30am to 9:30am</b>
<input type="checkbox"/> <b>Session 2</b>	<b>June 18-22</b>	<b>Ages: 7-14</b>	<b>\$250</b>	<input type="checkbox"/> <b>Afternoon Supervision: \$45 / week</b>	<b>4:00pm to 5:30pm</b>
<input type="checkbox"/> <b>Session 3</b>	<b>June 25-29</b>	<b>Ages: 7-12</b>	<b>\$250</b>	<b>\$100 discount on total if you book two consecutive camp weeks.</b> <b>10% per child when enrolling two or more family members.</b>	
<input type="checkbox"/> <b>Session 4</b>	<b>July 9-13</b>	<b>Ages: 7-14</b>	<b>\$250</b>		
<input type="checkbox"/> <b>Session 5</b>	<b>July 16-20</b>	<b>Ages: 7-14</b>	<b>\$250</b>		
<input type="checkbox"/> <b>Session 6</b>	<b>July 23-27</b>	<b>Ages: 7-16</b>	<b>\$250</b>		

**AMOUNT DUE \$** \_\_\_\_\_ **DISCOUNT** \_\_\_\_\_ **TOTAL AMOUNT DUE \$** \_\_\_\_\_

**Method of Payment:**  **Cash**  **Check**  **PayPal on Website** **No Refunds**

**Does your child has any type of 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** \_\_\_\_\_