

2008 art camp registration

Date _____

SSAC ID No. _____

student information PLEASE PRINT CLEARLY. INCOMPLETE FORMS CAN NOT 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 Ages VERIFICATION FOR 5- AND 6-YEAR OLDS

ETHNICITY (For SSAC's Grant Purposes)

CHILD'S SCHOOL

SCHOOL DISTRICT

PERSON(S) TO CONTACT IN CASE OF EMERGENCY DURING CLASS TIME

TELEPHONE

class registration MEMBERS RECEIVE A DISCOUNT

	CLASS No.	CLASS TITLE	WEEK	AM/PM	TUITION
sample	4-7071	Wire Work Creatures	WEEK 4	AM	\$135
1)					
2)					
3)					
4)					
5)					
6)					
AFTER-CAMP CARE		\$ _____ (Non-members \$30 • Members \$25 per week) x Number of Weeks _____ =			\$ _____

ssac membership

PLEASE MAKE A SEPARATE PAYMENT FOR MEMBERSHIP.

FAMILY MEMBERSHIP | \$75 \$ _____

PATRON MEMBERSHIP | \$150 \$ _____

AMOUNT PAID \$ _____

CASH CHECK MONEY ORDER CREDIT CARD

payment information

TOTAL TUITION SSAC MEMBER \$ _____

NON-MEMBER \$ _____

WAIVER

GIFT CERTIFICATE SCHOLARSHIP — \$ _____

AMOUNT PAID \$ _____

AMOUNT DUE \$ _____

payment method CHECK ONE OF THE FOLLOWING

CASH CHECK MONEY ORDER CREDIT CARD

CARD NO. _____ EXPIRATION DATE _____ CCV NO. _____

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

CARDHOLDER'S MAILING ADDRESS

CITY

STATE/ZIP