



CAFC ART CENTER

2018 SUMMER PROGRAM APPLICATION FORM

STUDENT'S INFORMATION			
Name:		DOB:	
Grade in Sept.		Tel:	
School:			
Address:			
PARENTS' INFORMATION			
Mother		Father	
Cell:		Cell:	
E-mail:		E-mail:	
APPLYING FOR: (PLEASE CHECK PAYABLE TO: CAFC)			
1-4 Weeks:			
5 Weeks and up:			
REMARK:			
Food Allergy:	YES	NO	

Agreement

I am enclosing the total registration fee and tuitions for 2018 Summer Camp for each child. It is my understanding that once the program starts the above fees are not refundable. I further understand that there will be no refund for any absence during the program.

I hereby permit my child to participate in all activities of 2018 Summer Camp on its site.

I hereby permit the Camp to administer first-aid to my child.

*Signature Of Parent/Guardian _____ Date _____