**Shining Starr**

**Learning Academy**

1535 Cogswell Street Ste. D29

Rockledge, FL 32955

321-400-9044

**ART CAMP**

Date: June 25-29

Time: 9:00 a.m. to 3:00 p.m.

Cost: $200 *All materials are covered in the fee.*

Age: 8 – 14 years old

# of children: 10 first come first serve **(must be paid to reserve spot)**

\*Please wear old clothes.

Prepare yourself for a fun week of Science, Technology, Engineering and Math.

Please make checks payable to Shining Starr Learning Academy.

Registration fee is ***NON-REFUNDABLE***.

**ART CAMP**

Child’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s emergency contact cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I authorize my child to participate in the **Art Camp**.

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Signature Printed Name Date Signed