BITA ART CENTRE
SUMMER ART CAMP REGISTRATION FORM

Child's Full Name:

Age:

Date of Birth:

Parent/Guardian Name:

Phone Number:

Email Address:

Camp Week:

Program Selection:

- ☐ Full Day Camp (9:00 AM – 4:00 PM) $400/week
- ☐ Half Day Camp (9:00 AM – 12:00 PM OR 1:00 PM – 4:00 PM) $226/week

Amount Paid:

Balance Due:

Emergency Contact Name:

Relationship to Child:

Emergency Phone Number:

Medical Information / Allergies:

Special Instructions:

Authorized Pick-Up Persons: