



# REGISTRATION REQUEST

SUMMER ART CAMP 2024

## CAMPERS PERSONAL INFORMATION

Full Name :

Age :  Date Of Birth :         
D D M M Y Y

Full Address :

Contact Name :  Contact Number ( ) -

Contact Name :  Contact Number ( ) -

E-Mail :

Allergies? :  Yes  No If YES, please specify   
Medical info :  Yes  No If YES, please specify

Extended care :  Yes  No Extended care is from 8:30 am- 5:00 pm \$10 per day, per child

Week (s) requested :  July 2-5  July 8-12  July 15-19  July 22-26

July 29 - Aug 2  Aug 6-9  Aug 12-16  Aug 19-23

Thank you for your registration request! Someone will be in contact with you within 24 business hours to finalize the registration.

Rest assured that we prioritize the security and privacy of your personal information. We do not engage in selling or distributing any of the data you share with us.

PLEASE EMAIL COMPLETED FROM TO  
INFO@BRADFORDARTSCHOOL.COM