



## MAGIC OF ART STUDIO

3597 South Lisbon Court, Aurora, CO 80013

### SUMMER ART CAMP REGISTRATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### SUMMER ART CAMP SESSION CHOSEN

Week 1: June 1 – June 5 (Ages 7–12)

Week 2: June 8 – June 12 (Teenagers)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_