

Gateway Camp Registration

[One Student Per Application]

Guardian Name/Phone: _____

Address: _____

Childs Name/Nickname: _____ Age: _____

Camp Week: ONE [June 14-18] TWO [June 21-25] THREE [June 28 -July 2]

Other Adults Permitted to Pick Up Child [Name/ Relationship/ Phone]

1] _____

2] _____

3] _____

Other Information We Should Know? _____

Behavior Contract:

Aggressive behavior will not be tolerated; Any other significant disruptions will require a warning and guardian notification. After three warnings, the child may be asked to leave. Signing below signifies an agreement between the Legal Guardian, the Student and Gateway Arts Center Instructors.

Signature: _____

Please pay in person, online or by mail [do not send cash]

_____ office use _____

\$80 Payment Type/Date:

Cash

PayPal

Check #