The Weston art Academy

2025 CIPT CAMP

1725 MAIN ST SUITE 215 WESTON FL 33326

954-630-5044

CAMP HOURS - 9:00AM TO 4:00PM

| | DATE: | | | | | | | | | | | |
|---------------------------------|--|-------------|--------------|----------|---------------------------|------------------|-----------|-------------|------------------------|--------------|-----------------|----------|
| | STUDENT'S AGE | | | NEEK | SELE | CTI | ON | | | | | |
| | 10 STUDENTS PER SESSION | | WEEKL | Y TUITIO | DN | | \$425.00 | | | | | |
| | | | | | | | | | | | | |
| | Please circle your week | ·- V | JULY | 07/01- | 07/03 | | | | | | | |
| | JUNE 06/09-06/13 | 6A | | | - 07/03 | PRORATED WEEK | | | /28 - 08/01 | | 8A | |
| | JUNE 06/16 - 06/20 June 06/23 - 06/27 | 6B 6C | | | <u>· 07/11</u> - 07/18 | | 7B 7C | AUGUST | 08/04 - 08/08 | | 8B | |
| | JUNE 00/23 - 00/21 | DG | | | - 07/10 - 07/25 | | 7C 7D | EARLY DI | ROP-OFF - 8:00A | M YES | S NO | |
| | EARLY DROP-OFF - 8:00AM | | EARLY | DROP-(| OFF - 8:(| DAM | YES NO | | K-UP- 5:00PM | YES | - | |
| | LATE PICK-UP - 5:00PM | YES NO | LATE P | PICK-UP | - 5:00P | M | YES NO | | | | | |
| | HOW DID YOU HEAR ABOUT | -c2II 1 | | | | RFI | FERRAL I | NAME- | | | | |
| | | | Sibling: | | | | | | | ASE CIRC | | |
| | STUDENT NAME: | | | | 311 | ung. | | | | BUY | / - G | IRL |
| | STUDENT'S BIRTHDAY | | | | | | | | | | | |
| | PARENTS ADDRESS: | | | | | | | CITY: | | | | |
| | I AIILN I O ADDIILOO. | STATE: | | | | | | ZIP CODE: | | | | |
| | MOTHER AND FATHER'S NA | MF· | | | | | | | | | | |
| | | | IDED | | | | | | | | | |
| MOTHER AND FATHERS PHONE NUMBER | | | | | | | | | | | | |
| | MOTHER AND FATHERS E-M | IAIL | | | | | | | | | | |
| | PLEASE LIST ANY MEDICAL | PROBLE | MS OR | ALLERG | IES: FO | R SP | ECIAL AC | CCOMMOD | ATIONS PLEAS | E COI | NTAC | T US |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | PLEASE LIST THE NAMES O | F INDIVI | DUALS 1 | THAT A | RE ALLO | WED | TO PICK | (UP THE S | TUDENT: | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | EMERGENCY CONTACT: PLE | ASE LIS | T THE N | AMES I | AND PH | ONE N | IUMBER | S IN CASE | WE NEED TO CO | ATA | CT. | |
| | | | | | | | | | | | | |
| . 1 | | | | | | | | | | | | |
| | PAYMENTS: WE WILL E-MAIL | | ICE AFTE | R REGIS | | | | | | | | |
| | E-MAIL CONFIRMATION WILL BE | SEN I. | | | PLEAS | DE IVIAN | LE GUEGAS | 5 PATABLE I | D <u>the weston ar</u> | <u>I AGA</u> | <u>NDEINI Y</u> | L.L.U |
| | IN-CLASS PICTURES: WE WILL BI | F TAKING G | PICTURES | OF THE | GRAIIP II | N GI VG | S ANN TH | IFIR ART WA | RK THE ACADEMY | NEED(| S VAIIF | <u> </u> |
| | PERMISSION WE DON'T POS | | | | | | | | | | | |
| | YES I GIVE THE WESTON ART AC | | | | | | | | | | | |
| | SIGN AND DATE. | | | | | | | | | | | |
| | | | | | | | | | | | | |