

Summer Art Studio 2009 Grade K to 6th

Please print clearly responses to all questions, and return this form with \$30 Registration fee to the San Jose Art Academy (890 Pomeroy Ave #1104 SC, CA 95051)

Our Art Lesson includes

DRAWING, PAINTING, CARTOONING, MIXED MEDIA, BASIC DESIGN, CLAY

I am applying for the following (Please select each box)

[WEEKS]

1week 2weeks 3weeks 4weeks 5weeks 6weeks 7weeks

Term: _____ / _____ ~ _____ / _____
(Start date/month End date/month)

[DAYS] 1day 2days 3days 4days 5days

[DATE] MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

[TIME]

One session 2 Hours

Half Day (4 hour sessions) All Day (8 hour sessions)

Start: _____ End: _____

Schedule and Fees	Two Hour	Half Day	All Day
1 week program	2days	\$60	\$96
	3days	90	144
	4days	120	192
	5days	150	240
2 weeks program	2days	100	180
	3days	150	270
	4days	180	350
	5days	220	400
3 weeks program	2days	150	270
	3days	200	360
	4days	260	450
	5days	310	550
4 weeks program	2days	180	350
	3days	260	450
	4days	350	600
	5days	430	720
Daily Rate: ALL DAY(\$68) / HALF DAY(\$48) "All supplies are provided" 4 hour sessions(Half Day) are utilized More than 4weeks contact office More information contact us (408)244-8311, www.sjaart.com			

Registration Form

Student's Name _____

Last _____ First _____

Address _____
City _____ Zip _____

Current School Name _____ Date of Birth _____

Parent/Guardian Name _____

Home phone (_____) _____ Cell phone (_____) _____

Email _____

Snacks: please bring lunch and pack a snack and water for your child to eat at the lunch (12 to 1pm) and recess 15 min break each hour.

Disruptive and inappropriate behavior will not be tolerated and will result in dismissal from the program without a refund. If a student has been enrolled in a class that is not appropriate, we reserve the right to switch the student to another class as space allows, no additional refund will be issued.

No refunds and make up classes will be given after the start of a session and No deductions, refunds, or make-up days are given for absences.

I hereby grant approval for my child to participate in The Summer Art Studio. I will pick my child up promptly at dismissal. I understand that staff will not be responsible for my child before or after class.

Undersigned _____

Signature of Parent or Legal Guardian _____ Date _____

Registration Date:	OFFICE USE ONLY	Weeks:	Days:
Fee Received:		Date:	Time:
Term:		Received By:	SJAA Summer_2009_ver04