

# SUMMER CAMP FOR KIDS+TEENS

# REGISTRATION FORM

## STUDENT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

T-SHIRT SIZE: YOUTH M YOUTH L ADULT S ADULT M ADULT L SCHOOL \_\_\_\_\_

PHONE CELL / HOME \_\_\_\_\_ EMAIL \_\_\_\_\_  
(PLEASE CIRCLE ONE)

MAIL ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
(PLEASE NOTE THAT WE NEED COMPLETE INSURANCE INFORMATION TO ENROLL YOUR CHILD)

ALLERGIES/MEDICAL CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

PARENT / GUARDIAN FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PARENT / GUARDIAN FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE 1 CELL / WORK / HOME \_\_\_\_\_ PHONE 2 CELL / WORK / HOME \_\_\_\_\_  
(PLEASE CIRCLE ONE) (PLEASE CIRCLE ONE)

EMAIL \_\_\_\_\_ MAY WE PUT YOU ON OUR EMAIL LIST?  YES  NO

BILLING ADDRESS (IF DIFFERENT) \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE 1 CELL / WORK / HOME \_\_\_\_\_ PHONE 2 CELL / WORK / HOME \_\_\_\_\_  
(PLEASE CIRCLE ONE) (PLEASE CIRCLE ONE)

CLASS NAME \_\_\_\_\_ SECTION # \_\_\_\_\_ TUITION \$ \_\_\_\_\_

LAB FEE \$ \_\_\_\_\_

CLASS NAME \_\_\_\_\_ SECTION # \_\_\_\_\_ TUITION \$ \_\_\_\_\_

LAB FEE \$ \_\_\_\_\_

## METHOD OF PAYMENT

VISA  MASTERCARD  AMEX  CHECK (# )

TOTAL ENCLOSED \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF CLASS IS FULL, DO YOU WISH TO BE PLACED ON THE WAITING LIST?  YES  NO

ARE YOU A PORTLAND ART MUSEUM MEMBER?  YES  NO

HOW DID YOU HEAR ABOUT THE CLASS?

PORTLAND ART MUSEUM

FRIEND

NW FILM CENTER PRINT CALENDAR

PREVIOUS CLASS ENROLLMENT

INTERNET SEARCH

WWW.NWFILM.ORG

OREGONIAN CAMP GUIDE