

Camp Cupcake



Summer 2019 Registration Form

Please check box(es) below for the week(s) you are registering for (**one form for each child, please**):

- | | |
|--|---|
| <input type="checkbox"/> Monday, June 3 – Friday, June 7
Superhero Theme 9am - 3pm | <input type="checkbox"/> Monday, June 24 – Friday, June 28
Teen Intermediate 12+older 9am - 3pm |
| <input type="checkbox"/> Monday, June 10 – Friday, June 14
Games Theme 9am - 3:30pm | <input type="checkbox"/> Monday, July 8 – Friday, July 12
Games Theme 9am - 3pm |
| <input type="checkbox"/> Monday, June 17 – Friday, June 21
Star Wars Theme 9am - 3pm | <input type="checkbox"/> Monday, July 15 – Friday, July 19
Superhero Theme 9am - 3pm |
| <input type="checkbox"/> Monday, June 17 – Friday, June 21
Intermediate 12 + under 9am - 3pm | <input type="checkbox"/> Monday, July 22 – Friday, July 26
Christmas in July 9am - 3pm |
| <input type="checkbox"/> Monday, June 24 – Friday, June 28
Harry Potter Theme 9am - 3pm | <input type="checkbox"/> Monday, July 22 – Friday, July 26
Teen Intermediate 12+older 9am - 3pm |

Camp Cupcake – the art of cupcake and sweets decorating and cupcake theme art.

Half of the day will be cupcake/sweets decorating, and the other half will be art projects related to the camp's theme of the week.

Please note, if you register your child for the Intermediate Camps and they are not capable of the required skills, once camp begins we will move them into the theme camp of the week requiring no required skills if they cannot keep up. Theme camps require no pre-requisite skills and will cover the basic decorating skills, but designs will be the theme of the week.

Call 678-429-2550 or go to artonthegoatlanta.com/camp to reserve your week(s), then return this form with your payment. Your child must have completed First Grade and reached their 7th birthday to register for camp.

Make checks payable to Icing or pay online with a credit card. *Sorry, no refunds once camp begins.*

(\$25 cancellation fee up to a week before camp starts, the balance will be refunded by credit card refund or by check, \$50 cancellation fee through the Friday prior to camp start date, the remaining balance will be a future camp credit.)

Child's Name: _____ T-shirt Size: _____

Age camper will be at **beginning** of Camp :____ Birth date: __/__/__ (must be 7 and finished 1st grade before camp week begins)

Parent's Name: _____

Mailing Address: _____

Email address: _____

Cell Phone (1st Contact): _____ Parent Phone #s: _____

How did you hear about our Camp? _____

Does your child have **any** allergies, medical conditions or special needs that we should be aware of? Yes No

Emergency Contact: Name _____ Phone # _____ Name _____ Phone # _____

In case of Emergency, Objet d'Art Gallery & Studios, LLC/Icing LLC is authorized to seek medical attention from emergency services. I understand that every precaution is taken to secure the safety of each student, however in case of an accident, I agree to release Objet d'Art Gallery & Studios LLC, Icing, LLC and North Clarendon Baptist Church from any liabilities.

Signature _____ Date: _____