

## St. Croix ArtBarn ArtCamp 2008 Registration Form—June 2-27

Weekly registration fees for ArtCamp are \$85 per week with a tax-deductible \$35 ArtBarn family membership or \$100 per week for non-members. ArtCamp is available for students entering grades 2-7. Registrations need to be made at least five days prior to the first day student attends camp. ArtBarn does not provide after hour care; there will be a \$25 fee per ½ hour for late pick-ups.

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ T-shirt size \_\_\_\_\_ Grade Fall 2008 \_\_\_\_\_

If camper is to walk over with ArtCamp Counselor from Osceola Summer School Program, list from which school \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail address: \_\_\_\_\_

Camp dates: \_\_\_\_\_

Fee enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_

Emergency phone contact: \_\_\_\_\_

Health insurance numbers for emergency care: \_\_\_\_\_

List any allergies \_\_\_\_\_

List where child goes after camp: \_\_\_\_\_

Does your child need to be walked to Kids Klub at 4p? \_\_\_\_\_

(ArtBarn does not provide after hour care. \$25 fee per ½ for late pick-ups.)

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## St. Croix ArtBarn ActCamp 2008 Registration Form—July 14-25

Replacing ArtBarn's traditional children's show this year, ArtBarn ActCamp 2008 offers two weeks of theatre camp experiences, 9a-noon. Two-week registration fees for ActCamp is \$100 for ArtBarn members with a tax-deductible \$35 ArtBarn family membership or \$150 for non-members. ActCamp is available for students ages 8-high school. Registrations need to be made no later than June 15. ArtBarn does not provide after hour care; there will be a \$25 fee per ½ hour for late pick-ups.

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ T-shirt size \_\_\_\_\_ Grade Fall 2008 \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fee enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_

Emergency phone contact: \_\_\_\_\_

Health insurance numbers for emergency care: \_\_\_\_\_

List any allergies \_\_\_\_\_

List where child goes after camp: \_\_\_\_\_

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Parental Signature: \_\_\_\_\_

Mail completed registration form with check to ArtBarn, PO Box 37, Osceola WI 54020.