

Note: Classes fill up fast, if the class you've chosen is full, your check will be returned to you as soon as possible. If you are interested, please list a second and/or third choice on the back of this form. You will be notified of any changes.

C.A.T.S. CAMP

Registration form

Parent/Guardian _____

Street _____

City _____ State _____ Zip Code _____

Childs Name _____ Age _____ Grade Next year _____

PHONE # _____ EMERGENCY CONTACT # _____

E-MAIL _____

Name & Date Of Class: _____

Price: _____

Name & Date Of Class: _____

Price: _____

Name & Date Of Class: _____

Price: _____

Name & Date Of Class: _____

Price: _____

Total: _____

Please send this form back with your non-refundable check made out to: **Creative Art Time Studio, Inc.**

Please Send to: Creative Art Time Studio, Inc.

135 Adams Street, Delmar, NY 12054

Once your check is received, your spot(s) will be held in the class you have chosen.

Sorry, No Refunds, please check dates

THANK YOU & WE'LL SEE YOU THIS SUMMER!!!