2025 WINTER art camps

monart DRAWING STUDIO

Registration Form

Student's Name _____ Age _____ DOB _____

Camp Title(s) _____ Date(s) _____

Camp Title(s) _____ Date(s) _____

Student's Name _____ Age _____ DOB _____

Camp Title(s) _____ Date(s) _____

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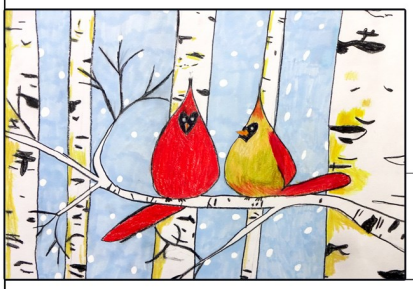


Sienna
Age 6
Water color

TOTAL PAYMENT REMITTED: _____

Please include Full Tuition with this form.

How did you hear about us? _____

Emergency Contact Form

Parent/Guardian _____ Phone - h (_____) _____

Street _____ w (_____) _____

City _____ Zip _____ c (_____) _____

Email _____

Physician _____ w (_____) _____

Medical Plan _____ Plan # _____

Allergies _____

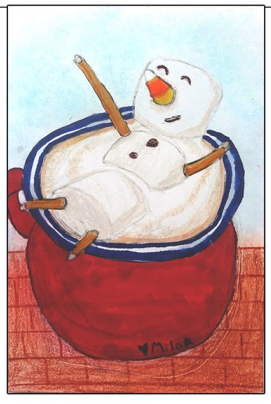
Emergency Contact _____ Phone - (_____) _____

I hereby give Monart personnel permission to see that my minor/child receives medical treatment in an emergency.

Signature _____ Date _____

Make Checks Payable to: **MONART**

Return this form to: ***Monart Drawing Studio***
628 South Arthur Avenue
Arlington Heights, IL 60005
847.788.9323
monartdrawingstudio.com



Mila
Age 11
Mixed Media

Refund Policy:
Up to 8 days prior to each session, a full refund (less a $25 retainer fee) will be given.
After a session begins, there will be NO refunds unless the session is cancelled by the Studio.