



2026
SUMMER
art camps
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) _____
 Camp Title(s) _____ Date(s) _____

TOTAL PAYMENT REMITTED: _____

Please include Full Tuition with this form.

How did you here 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** _____

Refund Policy:

Up to 10 days prior to each session, a full refund (less a \$25 retainer fee) will be given. After a session begins, there are no refunds unless the session is cancelled by the Studio.

Make Checks Payable to:
 Return this form to:

Monart Drawing Studio
 628 South Arthur Avenue
 Arlington Heights, IL 60005

MONART
847.788.9323
monartdrawingstudio.com

