



Museum of Children's Arts: Fall Camp 2017

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____ City _____ State ___ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

ENROLLMENT INFO: 8:30am-3:30pm

Day	Theme	Attending	Pre-Care (8:00-8:30)	After-Care (3:30-5:00)
11/20	Walls, Streets & Avenues	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
11/21	Art Travels	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
11/22	From Primaries to Pastels	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
11/24	Palettes Up!	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

FEEES:

1 day (\$60) weekly rate (\$200):	
Pre-Care (\$5/day) After-Care (\$20/day)	
Total:	

To enroll, we require full payment by check, in-person, or credit card:

Credit Card # _____ Exp _____ Security code _____ Zip _____

Check # _____ Cash _____ Date: _____

Return this form, along with an emergency form to:

MOCHA Attn: Joe Bacon, Administrative & Program Coordinator

1625 Clay St, Suite 100, Oakland, CA 94612

or email: registrar@mocha.org