



Museum of Children's Arts: Spring Camp 2017 Registration

Camper's Name: _____ Date of Birth: _____

Camper'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	After-care (3:30 – 5:30)
4/3	Cubism	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4/4	Surrealism	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4/5	Kinetic Art	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4/6	British Pop Art	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4/7	Contemporary Art	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

FEES:

	1 day / camper (\$55):	
	OR 5 day special / camper (\$225):	
	After-care \$20 a day:	
	Total:	

To enroll, we require a 50% deposit 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: William Lukas, Administrative Coordinator
1625 Clay St, Suite 100, Oakland, CA 94612
or email: registrar@mocha.org