



Museum of Children's Arts: Winter 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)
12/18	Art Trek	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/19	Art Trek	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/20	Art Trek	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/21	Art Trek	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/22	Art Trek	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/27	GameCraft	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/28	GameCraft	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
12/29	GameCraft	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
1/2	Fantastical, Magical Heroes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
1/3	Fantastical, Magical Heroes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
1/4	Fantastical, Magical Heroes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
1/5	Fantastical, Magical Heroes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**FEES:**

1 day (\$60):	
12/18-12/22 weekly rate (\$250):	
12/27-12/29 weekly rate (\$150):	
1/2-1/5 weekly rate (\$200):	
Pre-Care (\$5/day) After-Care (\$20/day)	
<b>Total:</b>	

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