



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 (3:30-5:30)
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)	
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