



EAST END ARTS COUNCIL

School of the Arts  
**Renaissance Kids Camps  
Registration 2011**

Camper's Name \_\_\_\_\_

Age as of July 2010 \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

E-mail \_\_\_\_\_

I am interested in Early Morning Care \_\_\_\_\_ After Care \_\_\_\_\_

Include my name on carpool list: \_\_\_\_\_yes \_\_\_\_\_no

**Renaissance Kid Camp: 5-8 years  
July 18-July 29, 9:30AM-3PM**

Fees: \$650, EEAC Members / \$750 Non-Members

*We are pleased to offer a 10% family discount for each additional child.*

Early Morning Care 8:30-9:30AM: \$7 per day

After Care 3-5PM: \$10 per day

***Please enclose a non-refundable deposit of \$200 to reserve a space for your child.***

\_\_\_\_\_ I have enclosed a check

Make checks payable to East End Arts Council and mail to: School of the Arts, 141 East Main Street, Riverhead, NY 11901

\_\_\_\_\_ Charge my credit card (circle one) VISA MC DISCOVER AMEX

Amount \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_