

PAINT SPOT[®]

Summer Camp / Moms Day Away Kids Paint 'n Play 2012 REGISTRATION FORM

Child's Name: _____

Child's Age: _____ Child's Birth date: ____ / ____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Alt (cell) Phone: (____) ____ - _____

Email: _____

Responsible Adult: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Phone: (____) ____ - _____ Alt (cell) Phone: (____) ____ - _____

Any Allergies: _____

Medications: _____ Medical Conditions: _____

Participation Date(s):

<input type="checkbox"/> Tues., 6/12	<input type="checkbox"/> Mon., 6/18	<input type="checkbox"/> Mon., 6/25	<input type="checkbox"/> Mon., 7/9	<input type="checkbox"/> Mon., 7/16	<input type="checkbox"/> Mon., 7/23
<input type="checkbox"/> Thur., 6/14	<input type="checkbox"/> Tues., 6/19	<input type="checkbox"/> Tues., 6/26	<input type="checkbox"/> Tues., 7/10	<input type="checkbox"/> Tues., 7/17	<input type="checkbox"/> Tues., 7/24
	<input type="checkbox"/> Wed., 6/20	<input type="checkbox"/> Wed., 6/27	<input type="checkbox"/> Wed., 7/11	<input type="checkbox"/> Wed., 7/18	<input type="checkbox"/> Wed., 7/25
	<input type="checkbox"/> Thur., 6/21	<input type="checkbox"/> Thur., 6/28	<input type="checkbox"/> Thur., 7/12	<input type="checkbox"/> Thur., 7/19	<input type="checkbox"/> Thur., 7/26
	<input type="checkbox"/> Fri., 6/22	<input type="checkbox"/> Fri., 6/29	<input type="checkbox"/> Fri., 7/13	<input type="checkbox"/> Fri., 7/20	<input type="checkbox"/> Fri., 7/27

Amount Paid: \$ _____ (*\$49 single day class OR \$189 for Monday-Friday class/10% sibling discount*)

Payment Type: Cash Check (*for advance reservation only*) Credit Card
(*Visa, MasterCard, Discover*)

Credit Card No.: _____ Expiration Date: _____ CVS#: _____

One registration form MUST be filled out per child. The form will be kept on file at the studio. You may register at the store, over the phone, fax or by mail. For questions call (502) 899-7768. Thank you!

Mail to: Paint Spot
4600 Shelbyville Road
Louisville, KY 40207

Fax to: (502) 899-7775