

Student's Name

Guardian's Name

Guardian's Contact

Info:(phone)_____

(email)_____

Please Mark All That Applies: The student will be taking:

_____ **Week 1 - July 9th – July 13th** (\$110)

_____ **Week 2 – July 16th – July 20th** (\$110)

_____ **Week 3 – July 23rd – July 27th** (\$110)

_____ **Week 4 – July 30th – August 3rd** (\$110)

_____ **OR Full Summer Studio Art Class, all 4 weeks to receive 1/2 credit (\$400)**

Total Cost: _____

If you have any questions, please feel free to email me at eckerlem@ndapandas.org