InterSession Break 2013

Week-long Camps and Classes

Dates offered

Oct 14 - Oct 18

Oct 21 - Oct 25

Jan 6 - Jan 10

Feb 17 - Feb 21

April 7 - April 11

April 14 - Apr 18

Apr 21 - Apr 25

(1 month or more prior to program)

Code

DC

MC

AC

Times

9am - 3pm

9am - 12pm

12pm - 3pm

10% off with early registration*

Day Camp (ages 7+)

Morning Camp (ages 5-9)

Afternoon Camp (ages 5-9)

Week

2

6

Fee

\$430

\$240

\$240

Art Camps

Program



The Marvegos Fine Art School www.marvegos.com

San Ramon Studio 405 Market Place San Ramon, CA 94583 Alexandra H., Studio Manager (925) 867-0671 sanramonstudio@marvegos.com

1 hour Classes

9:00am - 10:00am 10:00am - 11:00am

11:00am - 12:00pm Code

Fee Program \$125 ΑE **Art Exploration (ages 4.5-7)**

\$125 **Drawing & Watercolor (ages 7+)** DW

2 hour Classes

9:30am-11:30am 12:45pm-2:45pm

e.g. 4/2

8-9am, 3-4pm

Fee	Program	Code
\$250	Watercolor Workshop (ages 8+)	WW
\$250	Acrylic Painting class (ages 7+)	WP
\$250	Sculpture Workshop (ages 5+)	WS
\$250	Drawing Workshop (ages 7+)	WD

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Registrat	ion Form					
Participant Name		Week # or Dates	Code	Times	Class Fee	
Birthdate	Allergies/Special Requ	uests				
Sibling Name			Week # or Dates	Code	Times	Class Fee
Birthdate	Allergies/Special Requ	uests				
*Deduct 10% from fee if registering one month or more prior to start of program. No refunds issued when early registration discount applied, unless class minimum is not met. **One time registration fee for new families. Includes a copy of our book "Teaching Art to Children: The Marvegos Way"				*Early registration (-10%)		
			**New family registration fee (+\$25)			
			Extended Care fee			
Contact Information				Grand Total		
Parent Name				Please make checks payable to "The Marvegos" and submit with registration to studio or mail to:		
Home Phone		Cell Phone			405 Market Place, San Ramon, CA 94583	
Email (require	ed)	,	,			urned Check Fee is \$25
Add me to your email list to receive newsletters, announcements, and sign-up reminders				I would like a receipt for tax purposes Payment: check / cash		
Extended	l Care	· ·	m (\$13/hr first child; \$9/hr sibling) unt does not apply to extended care.		Date: ##	Amt:

Release Agreement

Dates

Times

As the parent or authorized representative, I hereby give consent to have my child attend The Marvegos* Fine Art School, Inc. program. I will not hold The Marvegos* Fine Art School attend The Marvegos* Fine Art School at the Marvegos* Fine Art School attend The Marvegos physical or other injury from any and all claims, demands, costs, expenses, and compensation. In case of an emergency, I give permission to The Marvegos® Fine Art School, Inc. to obtain medical and/or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions necessary to preserve the life, limb or well being of my child. By signing this form, I agree to these terms freely and voluntarily without inducement for myself and on behalf of my child.

Parent/Guardian Name: (please print)	Signature:	Date:
	-	
I give permission to The Marvegos* Fine Art School to use photos/videos t	taken of my child making art with The Marvegos® Fine Art School, Inc. AND/OR photos o	of my child's artwork created at The Marvegos® Fine Art School, Inc.

to be used in marketing The Marvegos* program. (Your child's first name, initial of last name and age may be used in association with said photo) Parent/Guardian Name: (please print) Signature: Date: