



evergreen

baptist church of los angeles

**SUMMER ARTS ACADEMY REGISTRATION
JUNIOR/SENIOR LEVELS**

Monday, August 4 —Friday, August 8

Scholarships are available on a need basis

Early Bird Registration: May 18 to June 30, 2008

Early Bird Deadline: June 30, 2008

\$150/week per child; \$125/week per child for 2 or more family members

After June 30: \$175/week per child; \$150/week per child for 2 or more family members

Registration concludes when 60 students are enrolled.

**BONUS SPECIAL: Purchase EBCLA's Live Worship Album for ONLY \$10,
regularly \$15**

Child's Last Name	Child's First Name	Sex	DOB m/d/y	Age	Allergies/ Special Needs?

Note: Students are to be dropped off at Evergreen Baptist Church—LA at
8:30 a.m. and picked up by 4 p.m.

Classes are from 9 a.m. to 3 p.m.

Parent/Guardian Information:

Name of Father: First _____ Last _____ Email _____

Name of Mother: First _____ Last _____ Email _____

Address _____

City _____ Zip _____

Home Phone: _____ Father's Cell Phone: _____

Mother's Cell Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please complete back of form

Please indicate your child(ren)'s class preferences: (1 = 1st choice, 5= 5th choice)

Name of student: _____ Name of student: _____

- | | |
|--|--|
| _____ Be in a Band | _____ Be in a Band |
| _____ Recording Studio | _____ Recording Studio |
| _____ Animation | _____ Animation |
| _____ Drawing/sketching/painting class | _____ Drawing/sketching/painting class |
| _____ MTV music video | _____ MTV music video |
| _____ Photography | _____ Photography |

Name of student: _____ Name of student: _____

- | | |
|--|--|
| _____ Be in a Band | _____ Be in a Band |
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| _____ Drawing/sketching/painting class | _____ Drawing/sketching/painting class |
| _____ MTV music video | _____ MTV music video |
| _____ Photography | _____ Photography |

YOUTH MEDICAL RELEASE FORM:

I hereby give my permission for medical attention to be given or obtained for my child(ren) in case of injury, illness or accident. (I realize I will be contacted as soon as possible in case of such incident).

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE: (NO NAMES WILL BE USED)

I give permission for photos of my child(ren) to be used in EBCLA brochures, newsletters, posters, videos, church web site, and other promotional materials. Please check box.

Yes No

**PLEASE RETURN COMPLETED REGISTRATION FORM AND
MAKE CHECK PAYABLE TO EVERGREEN BAPTIST CHURCH—LA:
Evergreen Baptist Church of Los Angeles, 1255 San Gabriel Blvd. Rosemead, CA 91770
or email to wwong@ebcla.org**