

Summer Creative Workshop Application Form 2022

Return Form to:

Daphne Moote
3534 S. Barrington Ave.
Los Angeles, CA 90066

\$50 Donation

Check Payable to:
SEE
(In memo write "DAMLA")

(One Per Family)
Non Refundable
Tax Deductible

Questions?

(310) 710-6994

Student(s) Name _____

Parent (s) Name _____

Address _____

City _____ Zip Code _____

Phone (C) _____ (H/B) _____

E-mail Address _____

School/Teacher/Grade _____

Enroll my child(ren) in:

Full Three Week Program _____

Individual Weeks: _____ Week 1 _____ Week 2 _____ Week 3

- Number of years enrolled in previous workshops _____
- Does your child have any food allergies? _____
- Are there special health concerns we should be aware of?

• How did you hear about this program? _____

May we include photos of your child on our website? _____ Facebook Page? _____

Other information you would like staff to know about your child:

Enrollment consideration based upon date this form is received and suitability for program. Enrollment is limited.