



MS-HS Art Boot Camp - Fairfax, VA Registration Form 2019

ID C0
ID C0

Student 1 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2019: ___
Current US Arts weekly art class student? Yes No

Student 2 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2019: ___
Current US Arts weekly art class student? Yes No

Address _____ City _____ State ___ Zip Code _____

E-mail: _____

Mother's Name _____ Mother's Cell Phone (_____) _____ - _____

Father's Name _____ Father's Cell Phone (_____) _____ - _____

CAMP PRICE INFORMATION			Student 1			Student 2			
Dates	Whole Week	Hot Lunch*	Camp	Lunch	Early Discount*	Camp	Lunch	Sibling Discount*	Early Discount*
<i>example</i>			\$245	\$25	-\$10	\$245	\$25	-\$10	-\$10
7/15 – 7/19	\$250	\$25							
7/22 – 7/26	\$250	\$25							
7/29 – 8/2	\$280	\$25							
8/5 – 8/9	varies	\$25							
8/12 – 8/16	\$250	\$25							
8/19 – 8/23	\$250	\$25							
SUBTOTAL									
+ REGISTRATION FEE (\$25)*									
TOTAL									

Program Schedule 8:30 am - 12:00 pm Students can stay in the afternoon to volunteer with summer camp office work or do individual school work.

***PAYMENT & REFUND POLICIES**

- **Registration Fee:** \$25/student, waived if registered before May 1st
- **Early discount:** -\$10/week/child if registered before May 1st. Additional weeks registered after May 1 do not receive early discount. (discount not applicable for partial week registration).
- **Sibling Discount:** -\$10/week off for additional siblings registering for the same whole day, full week.
- **Hot lunch:** can be paid at registration or in the morning on the camp day. Menu varies each day. Call for menu info.
- Space will be reserved upon the receipt of payment.
- No refunds and no make-up for absences. Detailed Cancellation Policy found on website.

WRITE & MAIL CHECKS TO: US Arts Center, 2929 Eskridge Rd, Unit F, Fairfax, VA 22031

In case of emergency, we, USARTS Center, have authorities to search emergency care for the kids listed above.



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I hereby waive all rights and claims against the US ARTS Center and its team members for any liability resulting from my child's participation of any indoor & outdoor events organized by US ARTS Center.

Parent/Guardian Signature _____ **Date** ___/___/2019

<i>FOR OFFICE USE ONLY</i>				
Date	Amount Paid	Check #	Balance	Processed By