



Spring Camp - Fairfax, VA Registration Form 2019

ID D00
ID D00

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

Student 2 Name _____ Gender ____ DOB ___/___/___ Grade: ____
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 (_____) _____ - _____

***** Circle your chosen dates and fill in totals. *****

Date	Day(s)	Full Day 8:30am – 6:00pm	Half Day* <input type="checkbox"/> AM <input type="checkbox"/> PM	Fees for Student 1	Discount for 2nd Sibling	Fees for Student 2
4/15	Mon.	\$60	\$30		n/a	
4/16	Tue.	\$60	\$30		n/a	
4/17	Wed.	\$60	\$30		n/a	
4/18	Thu.	\$60	\$30		n/a	
4/19	Fri.	\$60	\$30		n/a	
4/15 - 4/19	Whole Week	\$250	n/a		-\$10	
SUBTOTALS				\$	-\$	\$
TOTAL AMOUNT PAID				\$	<input type="checkbox"/> CHECK #:	<input type="checkbox"/> CASH

*PAYMENT & REFUND POLICIES

- \$10/week off for siblings registered for entire week and whole day
- \$30/half day session (AM = 8:30am - 12:00pm; PM = 1:00pm - 6:00pm)
- Lunch: Parents need to pack lunch for their child. We have a refrigerator and a microwave.
- No refunds or make-ups for absences. More detailed cancellation policy can be found online on website.

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

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

Daily Schedule	8:30 - 9:00 9:00 - 12:00 12:00 - 1:00 1:00 - 4:00 4:00 - 6:00	Drop-off Drawing/Painting Class Lunch Break Art Crafts; Academic Work (i.e. math, social studies, analogy & logic thinking); Exercise Pick-up
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