



MS-HS Art Boot Camp - Chantilly, 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 | Camp | Early Discount* | Camp | Sibling Discount* | Early Discount* |
| <i>example</i> | | \$250 | -\$10 | \$250 | -\$10 | -\$10 |
| 6/17 – 6/21 | \$250 | | | | | |
| 6/24 – 6/28 | \$250 | | | | | |
| 7/1 – 7/5 | CLOSED FOR JULY 4TH HOLIDAY | | | | | |
| 7/8 – 7/12 | \$280 | | | | | |
| 7/15 – 7/19 | \$280 | | | | | |
| 7/22 – 7/26 | \$250 | | | | | |
| SUBTOTAL | | | | | | |
| + REGISTRATION FEE (\$25)* | | | | | | |
| TOTAL | | | | | | |

Program Schedule 9:00 am - 12:00 pm Students can stay in the afternoon to volunteer with summer camp office work or do individual 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.
- **Sibling Discount:** -\$10/week off for additional siblings registering for the same whole day, full week.
- **Lunch:** Parents need to pack lunch if your child is enrolled for the afternoon.
- **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, 14101 Sullyfield Circle, Unit 100A, Chantilly, VA 20151



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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** ____/____/2019

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