



# Portfolio Prep Booster - Fairfax, VA Registration Form 2019

ID D00  
ID D00

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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRICE INFORMATION		Student 1		Student 2		
Dates	Whole Week	Camp	Early Discount*	Camp	Sibling Discount*	Early Discount*
<i>example</i>		\$250	-\$10	\$250	-\$50	-\$10
8/5 - 8/9	\$250					
8/12 - 8/23	\$250					
<b>BOTH WEEKS</b>	<b>\$500</b>					
<b>SUBTOTAL</b>						
<b>+ REGISTRATION FEE (\$25)*</b>						
<b>TOTAL</b>						

<b>Drop Off:</b> 8:30 am - 9:00 am <b>Program Schedule:</b> 9:00 am - 12:00 pm <b>Pick Up:</b> 12:00 pm - 6:00 pm	Students can stay in the afternoon to volunteer in the office during summer camp or work independently on their projects.
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### \*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, 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.



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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