US Arts

MS-HS Art Boot Camp - Fairfax
Registration Form 2020

ID D00

ID D00

Student 1 Name: _____ Gender ___ DOB___/___/___ Grade in Fall 2020:___
Current US Arts weekly art class student? Yes ☐ No ☐

Student 2 Name: _____ Gender ___ DOB___/___/___ Grade in Fall 2020: ___
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*
example	*$290*	*-$10*		*$290*	*-$10*	*-$10*
7/20 – 7/24	$290					
7/27 – 7/31	$260					
8/3 – 8/7	$260					
SUBTOTAL						
+ REGISTRATION FEE ($25)*						
TOTAL						

Half Day Program Note

Students can stay before or after their boot camp program 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.
- 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 Rd, Unit F, Fairfax, VA 22031

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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** ___/____/2020

FOR OFFICE USE ONLY				
Date	**Amount Paid**	**Check #**	**Balance**	**Processed By**