



Online Portfolio Prep Booster 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 If yes, student ID: _____

Student 2 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2020: ___
 Current US Arts weekly art class student? Yes No If yes, student ID: _____

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*
	Online Portfolio Prep Only Student	Regular US Arts Student					
<i>Example → List applicable rates →</i>			\$800	-\$20	\$800	-\$50	-\$20
6/15 – 6/19	\$800 \$640 <i>20% off</i>	\$550 \$440 <i>20% off</i>					
6/22 – 6/26	\$800 \$640 <i>20% off</i>	\$550 \$440 <i>20% off</i>					
8/10 - 8/14	\$800 \$640 <i>20% off</i>	\$550 \$440 <i>20% off</i>					
8/17 - 8/21	\$800 \$640 <i>20% off</i>	\$550 \$440 <i>20% off</i>					
2 WEEKS <i>(circle weeks)</i>	\$1500 \$1200 <i>20% off</i>	\$1000 \$800 <i>20% off</i>					
4 WEEKS	\$3000 \$2400 <i>20% off</i>	\$2000 \$1600 <i>20% off</i>					
SUBTOTAL							
+ REGISTRATION FEE (\$25)*							
TOTAL							

<p>Program Schedule: 9:00 am - 12:00 pm & 1:00 pm - 4:00 pm</p>	<p>All students are required to schedule a consultation meeting with the portfolio prep consultant the week before the camp starts. The meeting takes about 30-40 minutes and it is free for students enrolled in the program.</p>
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*PAYMENT & REFUND POLICIES

- **Registration Fee:** \$25/student, **waived if registered before May 1st**
- **Early Discount:** -\$20/week/child if registered before **May 1st**. Additional weeks registered after May 1 do not receive early discount.
- **Sibling Discount:** -\$50/week off for additional siblings registering for the same whole day, full week.
- 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

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 in any online art classes organized by US ARTS Center.

Parent/Guardian Signature _____ **Date** ___/___/2020

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