

2017 Spring Camp Registration Form

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Student 1 Name				G	ender D	OB/	Grade:	
Student 2 Name				G	ender De	OB/	Grade:	
Address				City	State Zip Code			
Home Pho	one ()		E-mail:				
Mother's Name Mot					er's Cell Phone (
Father's Name				Father's Cell Phone ()				
	Ple	ease circle	e and/or ch	eck off your	choices and	d fill in Totals		
Date	Day(s)	Full Day 8:30am – 6:00pm	Half Day* □ AM □ PM	Hot Lunch x # Students	Fees for Student 1	Discount for 2nd Sibling	Fees for Student 2	
4/10	Mon.	\$60	\$30	\$5 x		n/a		
4/11	Tue.	\$60	\$30	\$5 x		n/a		
4/12	Wed.	\$60	\$30	\$5 x		n/a		
4/13	Thu.	\$60	\$30	\$5 x		n/a		
4/14	Fri.	\$60	\$30	\$5 x		n/a		
4/10-4/14	Whole Week	\$245	n/a	\$25 x		-\$10		
SUBTOTALS			\$	\$	-\$	\$		
TOTAL AMOUNT PAID			\$	□ CHECK	☐ CHECK #:			
*PAYMENT & REFUND POLICIES 10/week off for siblings registered for entire week and whole day 130/half day session (AM = 8:30am - 1:00pm; PM = 1:00pm - 6:00pm) 5/day per student for hot lunch can be paid at registration or in the morning of the camp day. No refunds or make-ups for absences. More detailed cancellation policy can be found online on website WRITE & MAIL CHECKS TO: US Arts Center, 14101 Sullyfield Circle, Unit 100A, Chantilly, VA 20151 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 - 5:00 5:00 - 6:00	Lunch Bro		ork (i.e. math, so	cial studies, ana	logy & logic thinkir	ng); Exercise	