



Summer Camp - Fairfax, VA Registration Form 2018

ID C00

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Student 1 Name: _____ Gender ____ DOB____/____/____ Grade in Fall 2018: ____

Student 2 Name: _____ Gender ____ DOB____/____/____ Grade in Fall 2018: ____

Address _____ City _____ State ____ Zip Code _____

Home Phone (____) _____ - _____ 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	Hot Lunch*	Camp	Lunch	Early Discount*	Camp	Lunch	Sibling Discount*	Early Discount*
<i>example</i>			\$245	\$25	-\$10	\$245	\$25	-\$10	-\$10
7/30 – 8/3	\$245 / \$275	\$25							
8/6 – 8/10	\$245 / \$275	\$25							
8/13 – 8/17	\$300	\$25							
8/20 – 8/24	\$245	\$25							
SUBTOTAL									
+ REGISTRATION FEE (\$25)*									
TOTAL									

***PAYMENT & REFUND POLICIES**

- **Payment via check/cash is needed to reserve a space for your child. No exceptions.** Space will be reserved upon the receipt of payment.
- **Registration Fee:** \$25/student, **waived if registered before July 1st.**
- **Early discount:** -\$10/week/child if registered before **July 1st.** Additional weeks registered after July 1 do not receive early discount.
- **Sibling Discount:** -\$10/week off for additional siblings registering for the same full week.
- Hot lunch: can be paid at registration or in the morning on the camp day. Menu varies each day. Call for menu info.
- No refunds and no make-up for absences. Cancellation Policy details found on website (www.usartseducationcenter.com).

WRITE & MAIL CHECKS TO: US Arts Center, 14101 Sullyfield Circle, Unit 101A, 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** ____/____/2018



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FOR OFFICE USE ONLY

Date	Amount Paid	Check #	Balance	Processed By