## **USet for a continue of the co**

Student 1 Name	Gender	DOB/ Grade:	_
Student 2 Name	Gender	DOB/ Grade:	
Address	City	State Zip Code	
Home Phone () E-	-mail:		
Mother's Name	Mother's Cell Phon	e ()	
Father's Name	Father's Cell Phone	e (	

## Please circle and/or check off your choices and 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
3/26	Mon.	\$60	\$30	\$5 x		n/a	
3/27	Tue.	\$60	\$30	\$5 x		n/a	
3/28	Wed.	\$60	\$30	\$5 x		n/a	
3/29	Thu.	\$60	\$30	\$5 x		n/a	
3/30	Fri.	\$60	\$30	\$5 x		n/a	
3/26-3/30	Whole Week	\$245	n/a	\$25 x		-\$10	
SUBTOTALS				\$	\$	-\$	\$
TOTAL AMOUNT PAID \$					CASH		

## **\*PAYMENT & REFUND POLICIES**

- \$10/week off for siblings registered for entire week and whole day
- \$30/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	8:30 - 9:00	Drop-off
Schedule	9:00 - 12:00	Drawing/Painting Class
	12:00 - 1:00	Lunch Break
	1:00 - 5:00	Art Crafts; Academic Work (i.e. math, social studies, analogy & logic thinking); Exercise
	5:00 - 6:00	Pick-up