



Summer Camp - Chantilly, 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
6/18 - 6/22	\$245	\$25							
6/25 - 6/29	\$300	\$25							
7/2 - 7/6	\$196 / \$220	\$20							
7/9 - 7/13	\$245 / \$275	\$25							
7/16 - 7/20	\$245 / \$275	\$25							
7/23 - 7/27	\$300	\$25							
7/30 - 8/3	\$245 / \$275	\$25							
8/6 - 8/10	\$245 / \$275	\$25							
8/13 - 8/17	\$245 / \$275	\$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.**
- **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.
- **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.
- Space will be reserved upon the receipt of payment.
- No refunds and no make-up for absences. Detailed Cancellation Policy found on website.



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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** ____/____/2017

FOR OFFICE USE ONLY

Date	Amount Paid	Check #	Balance	Processed By