



MS-HS Art Boot 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	\$245	\$25							
7/2 – 7/6	\$196	\$20							
7/9 – 7/13	\$245	\$25							
7/16 – 7/20	\$275	\$25							
7/23 – 7/27	\$275	\$25							
SUBTOTAL									
+ REGISTRATION FEE (\$25)*									
TOTAL									

Program Schedule 8:30 am - 12:00 pm Students can stay in the afternoon to volunteer with summer camp office work or do individual school work.

***PAYMENT & REFUND POLICIES**

- **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. (discount not applicable for partial week registration).
- **Sibling Discount:** -\$10/week off for additional siblings registering for the same whole day, 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.

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.



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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