



2017 Summer Camp Registration Form

ID C00

ID C00

Student 1 Name _____ Gender ____ DOB ____/____/____ Grade in Fall: ____

Student 2 Name _____ Gender ____ DOB ____/____/____ Grade in Fall: ____

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
6/26 – 6/30	\$300	\$25							
7/5 – 7/7	\$147 / \$165	\$15							
7/10 – 7/14	\$245 / \$275	\$25							
7/17 – 7/21	\$245 / \$275	\$25							
7/24 – 7/28	\$300	\$25							
7/31 – 8/4	\$245 / \$275	\$25							
8/7 – 8/11	\$245 / \$275	\$25							
8/14 – 8/18	\$245 / \$275	\$25							
8/21 – 8/25	\$245	\$25							
SUBTOTAL									
+ REGISTRATION FEE (\$25)*									
TOTAL									

*PAYMENT & REFUND POLICIES

- **Registration Fee:** \$25/student, waived if registered before May 1st.
- **Early discount:** -\$10/week/child if registered before May 1st.
- **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.

SEE NEXT PAGE FOR REGISTRATION CONFIRMATION



2017 Summer Camp Registration Form

ID C00

ID C00

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

<i>FOR OFFICE USE ONLY</i>				
Date	Amount Paid	Check #	Balance	Processed By