



**Arts Discovery Week August 6-10<sup>th</sup>, August, 20-24<sup>th</sup> & August 27-31<sup>st</sup> Summer 2018 Registration**

**Name of Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone** (home/cell/work) \_\_\_\_\_

**My child will attend Week 1 (August 6 -10):** All Sessions \_\_\_\_\_

Monday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Tuesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Wednesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Thursday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Friday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

**Cost:** \$250 for the whole week, \$125 for half a day all week, \$60 per day, or \$30 per session.

**My child will attend Week 2 (August 20-24):** All Sessions \_\_\_\_\_

Monday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Tuesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Wednesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Thursday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Friday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

**Cost:** \$250 for the whole week, \$125 for half a day all week, \$60 per day, or \$30 per session.

**My child will attend Week 3 (August 27-31): All Sessions \_\_\_\_\_**

Monday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Tuesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Wednesday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Thursday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

Friday Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Both \_\_\_\_\_

**Cost:** \$250 for the whole week, \$125 for half a day all week, \$60 per day, or \$30 per session.

50% of total cost to be deposited with enrollment form, remainder for each week due on the first day attended in that week.

Sliding-scale and scholarship options available, please contact us!

Total Cost for my child: \_\_\_\_\_

Deposit Paid Now (50%): \_\_\_\_\_ Amount to be Paid on the first day: \_\_\_\_\_

(Please Make all checks payable to Arts at the Armory.)

I hereby give permission for my child to participate in the summer 2018 Arts Discovery Week program.

I also agree that photos taken of my child during the program can be used for promotional purposes.

I further give permission, only if needed in case of medical emergency, to administer basic first aid and/or CPR and/or call 911 and/or transport to a hospital for medical treatment when I cannot be reached or if delay would be dangerous to the child's health.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Medical Insurance Information

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Policyholder Name:** \_\_\_\_\_

Does your child have any medical conditions, allergies, different learning needs, or any other special considerations that we should be aware of? \_\_\_\_\_