



Visual Arts Week August 13-17th Summer 2018 Registration

Name of Child _____ **Date of Birth** _____

Name of Parent/Guardian _____

Address _____ **Email:** _____

Telephone (home/cell/work) _____

My child will attend:

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: \$280 per week, \$140 for half-days only, \$70 per day or \$35 for a single half day session.

50% of total cost to be paid as a non-refundable deposit with enrollment form; remainder due on the first day. 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.)

*****Please continue to page 2 to complete the form.*****

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

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? _____