



"ART-RAGEOUS" SUMMER CAMP 2009

Registration Form

PRINT CLEARLY. Fill out a separate form for EACH child.
FAX to: 954.370.5057

CHILD'S NAME: (First) _____ (Last) _____

CHILD'S AGE: _____ DOB: _____ **Age 3 or 5? If yes, attach Copy of Birth Certificate.**

YOUNG AT ART MEMBER: YES ___ NO ___ DATE OF EXPIRATION: _____ **SAGE ID#** _____

PARENT #1 NAME: Mr. / Mrs. / Ms. _____

PARENT #1: CELL # _____ WORK #: _____ HOME # _____

PARENT #2 NAME: Mr. / Mrs. / Ms. _____

PARENT #2: CELL # _____ WORK #: _____ HOME # _____

HOME ADDRESS: _____
Street Apt.# City State Zip

PARENT EMAIL: _____

EMERGENCY CONTACT NAME (other than parents): Mr. / Mrs. / Ms. _____

EMERGENCY PHONE #: _____ RELATIONSHIP TO CAMPER: _____

ALLERGIES/ILLNESS/MEDICATIONS/SPECIAL NEEDS: YES ___ NO ___ *See Art Institute Agreement.*

PHOTO RELEASE: YES ___ NO ___ *See Art Institute Agreement.*

Ages 5-13 9am-5pm **PRESCHOOL 1/2 DAY Ages 3-4 9am-12pm**

(Circle session and write payment information on space provided)

CIRCLE EACH SESSION	TOTAL FEE	(EXT CARE)	DEPOSIT AMOUNT	DEPOSIT DATE	BALANCE DUE	BALANCE DATE	PAYMENT NOTES
1: Jun 1-5 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	\$	\$	\$		\$		
2: Jun 8-12	\$	\$	\$		\$		
3: Jun 15-19	\$	\$	\$		\$		
4: Jun 22-26 <input type="checkbox"/> Cartoon A	\$	\$	\$		\$		
5: Jun 29-Jul 3 <input type="checkbox"/> Cartoon B	\$	\$	\$		\$		
6: Jul 6-10	\$	\$	\$		\$		
7: Jul 13-17	\$	\$	\$		\$		
8: Jul 20-24	\$	\$	\$		\$		
9: Jul 27-31	\$	\$	\$		\$		
10: Aug 3-7	\$	\$	\$		\$		
11: Aug 10-14	\$	\$	\$		\$		
12: Aug 17-21	\$	\$	\$		\$		
13: Aug 24-28 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	\$	\$	\$		\$		

CREDIT CARD #: _____ AMEX / DSCR/ MC / VISA EXP DATE: _____

FOR INFO OR REGISTRATION: CALL 954-424-0085 x 10 or 27, VISIT www.youngatartmuseum.org. MAIL 11584 W. S.R. 84 Davie, FL 33325

FOR OFFICE USE: Ages 3 and 5: **Birth Certificate** attached YES.

Parent has signed & returned SUMMER CAMP AGREEMENT: YES. Staff Members NAME: _____

REV. 03.06.2009 SS



"ART-RAGEOUS" SUMMER CAMP 2009

Agreement: Museum Copy

Write children's names beginning with oldest child.

Child #1 Name: _____

Child #2 Name: _____

Child #3 Name: _____

Please initial each space below.

_____ AGE REQUIREMENTS

Children must turn the minimum age requirement before the first day of the session in which they are registered. Children ages 3 and 5 must provide a copy of birth certificate or proof of age. This copy will be kept on file. CHILDREN ARE GROUPED BY AGE. THE MUSEUM WILL NOT PROMISE PARING OF CAMPER.

_____ PAYMENT

A 50% deposit is required; per child, per week; to reserve a space in camp. Balance is due one week prior to the first day of camp. It is the parent's responsibility to contact Young At Art and pay the balance. Failure to pay balance on due date will result in your child losing their space. NO EXCEPTIONS. All deposits and payments are NON-REFUNDABLE. See transfer info below.

_____ I authorize the weekly balance to be automatically charged to my credit card on file.

_____ DISCOUNTS / OFFERS

Member Discount per week: Full Day \$180.00, Preschool ½ Day \$125.00, Cartooning \$225.00

Sibling Discount: 10% off of each additional child.

Early Registration: Full day:Take \$100 OFF any 4 Sessions

Half Day Preschool:Take \$50 OFF any 4 Sessions

*Must be PAID IN FULL by 5/10/09. Sibling discount does not apply.

_____ TRANSFER REQUESTS

All Transfer requests must be made one week prior to first day of each session. Transfer requests must be submitted in writing to Frontdesk or via email to Frontdesk@youngatartmuseum.org. Transfer approval requires a \$25.00 fee per child, per week and will be made depending on space availability. Only one transfer request per family will be accepted.

_____ WITHDRAWAL

All deposits and payments are NON-REFUNDABLE including voluntary or mandatory withdrawal from camp.

_____ ABSENCE / CANCELLATION / NO SHOW

All deposits and payments are NON-REFUNDABLE. There are no make-ups.

_____ DROP OFF / PICK UP POLICY

Students dropped off before 8:45am and picked up after 5:00pm will be automatically charged for extended care at a rate of \$10.00 per day.

Extended care students picked up after 6:00pm will be automatically charged \$5.00 plus \$1.00 per minute.

EXTENDED CARE IS NOT AVAILABLE FOR PRESCHOOL CAMP.

Any preschooler who is NOT picked up by 12:00 pm will be charged \$5.00 plus \$1.00 per minute.

_____ PHOTO RELEASE

_____ I authorize _____ I DO NOT authorize Young At Art Children's Museum to take photographs of my child/children and their art work for marketing purposes. I give permission for these pictures to be used in the museum's printed materials, including advertisements, brochures, flyers and website.

_____ BEHAVIOR AGREEMENT

1st offense – Verbal warning

2nd offense – Teacher/child conference

3rd offense – Parent notification via phone, written notice or in person by the Camp Director.

4th offense – Parent meeting with Camp Director

5th offense – Possible suspension or expulsion from Young At Art's Summer Program

Any action committed by a child that could or does result in injury to themselves, other campers, volunteers or staff will result in immediate expulsion from Young At Art's Summer Program. No refunds are given if child is dismissed due to behavior issues!

_____ LUNCH

Parents provide a labeled, non-perishable lunch, two nutritious snacks & drinks daily. NO PEANUT PRODUCTS PLEASE. Friday is pizza day at an additional cost, morning & afternoon snacks not included.

_____ MEDICAL EMERGENCY

In the event of an extreme medical emergency, Young At Art staff will contact emergency medical personnel and will then contact the child's parent or guardian. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Emergency Medical personnel will not honor requests to bring children to specific hospitals, doctors or medical establishments.

_____ MEDICAL INFORMATION

List any specific medical conditions or behavioral problems? _____

List any allergies that your child has (food, medicines, insects, etc.)? _____

Will your child be taking medication during camp hours? If yes, please list below.

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.

Campers Name: _____ Medication: _____ Time: _____

Campers Name: _____ Medication: _____ Time: _____

_____ IMMUNIZATION

All children named on this agreement are fully immunized.

I - including my spouse, child/children/and other members of my family, do hereby release and hold harmless Young At Art Children's Museum, its employees, volunteers, board members and related parties from all liability for lost and stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the museum and hereby consent to the camp rules, guidelines and agreement.

Name _____

Signature _____ Date _____

For office use only.
Staff Member Name _____

REV. 3/6/2009

Staff Member Signature _____ Date Received _____