



ART-RAGEOUS SUMMER CAMP 2010

Registration Form

Fill out a separate form for EACH child.

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

CHILD'S AGE: _____ DOB: _____ **Age 4? 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: _____

TUITION- **\$195** Members / **\$225** Non-Members **CARTOONING - \$225** Members / **\$250** Non-Members

MEMBERSHIP -JOIN or RENEW TODAY and SAVE Family Level is \$75.00 Join Renew

Circle session and write payment information on space provided

	CIRCLE EACH SESSION	TOTAL FEE	EXT CARE 8-9 am/ 5-6 pm	SNACK & LUNCH	DEPOSIT AMOUNT	DEPOSIT DATE	BALANCE DUE	BALANCE DATE
A	Jun 7-11 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
1	Jun 14-18	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
2	Jun 21-25	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
3	Jun 28- July 2	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
4	Jul 5-Jul 9	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
5	Jul 12-16	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
6	Jul 19-23 <input type="checkbox"/> Cartooning	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
7	Jul 26-30 <input type="checkbox"/> Cartooning	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
8	Aug 2-6	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
9	Aug 9-13	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
10	Aug 16-20	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	
B	Aug 23-27 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	\$	<input type="checkbox"/> \$50	<input type="checkbox"/> \$35	\$		\$	

PAYMENT INFORMATION We accept Cash, Credit Cards or Checks. FAX to 954.370.5057

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

Name as it appears on credit card _____ Signature _____

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

FOR OFFICE USE: PACKET SENT If Age 4: Birth Certificate AGREEMENT NO PHOTO



"ART-RAGEOUS" SUMMER CAMP 2010

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.

_____ 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. *(Optional)*

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.

_____ 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 (ADD, autism, epilepsy)? _____

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.

_____ AGE REQUIREMENTS

Children must turn the minimum age requirement before the first day of the session in which they are registered. Children age 4 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 CAMPERS. See reverse

_____ DISCOUNTS / OFFERS

Member Discount per week: Regular Camp \$195.00, Cartooning Camp \$225.00

Sibling Discount: 10% off of each additional child.

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

*Must be PAID IN FULL by 4/30/10. 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 8:50am and picked up after 5:05pm 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 a late fee of \$5.00 plus \$1.00 per minute.

_____ LUNCH

Available for purchase WEEKLY \$35, FRIDAYS \$7 or Parents provide a labeled, non-perishable lunch, two nutritious snacks & drinks daily. NO PEANUT PRODUCTS PLEASE.

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.

R. 5.12.2010

Staff Member Name _____

Staff Member Signature _____ Date Received _____ Date Entered _____