

# REGISTRATION FORM

# Summer Arts Camp 2018

## 1 Contact Information

PARTICIPANT NAME (ONE CHILD PER FORM)

DATE OF BIRTH

AGE

SCHOOL

PARENT/GUARDIAN

ADDRESS

APT/UNIT #

CITY

STATE

ZIP

PHONE

ALTERNATE PHONE

EMAIL

Is your child covered under health insurance?

Yes  No

If so, by what company? \_\_\_\_\_

Camp t-shirt size

Child Small  Child Medium  Child Large  
 Adult Small  Adult Medium  Adult Large

## 2 Select programs

### Young Actors (morning)

Session 1: June 11 – June 22  
 Session 2: June 25 – July 6\*  
 Session 3: July 9 – July 20  
 Session 4: July 23 – Aug. 3

### Young Artists (afternoon)

Session 1: June 11 – June 22  
 Session 2: June 25 – July 6\*  
 Session 3: July 9 – July 20  
 Session 4: July 23 – Aug. 3

### Littlest Actors (morning)

Session 1: June 11 – June 22  
 Session 2: June 25 – July 6\*  
 Session 3: July 9 – July 20

### Littlest Artists (afternoon)

Session 1: June 11 – June 22  
 Session 2: June 25 – July 6\*  
 Session 3: July 9 – July 20

\$425 members/\$450 non-members per 2-week session, full day  
\$325 members/\$350 non-members per 2-week session, half-day

### Broadway Actors

Session 1: June 11 – July 6\*  
 Session 2: July 16 – Aug. 10

\$800 members/\$850 non-members per 4-week session, full day

\* No camp on July 4th

### 2018 Specialty Week

August 6 – August 10

\$200 members/\$250 non-members, full day

## 3 Fees

Cost:

Total for sessions indicated:

Second Child Discount (~10%)

Add a Family Membership (\$75)

Before Care (8 – 9 am, \$25 per week)

After Care (4 – 6 pm, \$50 per week)

\*Before/After care contingent on minimum enrollment.

I would like to make a contribution to the  
summer camp scholarship fund:

Total:

### Payment:

Check Enclosed\*

Visa

American Express

Discover

Master Card

CARD NUMBER

CSC#

SIGNATURE

EXPIRATION DATE

\* Make checks payable to the Art and Culture Center/Hollywood.

## 4 Agreement

Tuition must be paid in advance. Participant is registered only upon receipt of registration form and full payment. All returned checks and denied credit cards will incur a \$50 service fee. We cannot prorate sessions or issue refunds.

As the parent or legal guardian of the aforementioned child, I certify that I hold harmless and release the Art and Culture Center/Hollywood, its employees, and agents from any liability, claim, right of action, of any kind or nature which I, my child, or legal representative may have as a result of injury, illness, or damage. I authorize the Art and Culture Center to seek urgent medical care in the event of an emergency.

I hereby allow the Art and Culture Center/Hollywood to take photographs or videotape of me/my child during participation in its programs. The photos or video may be used for the sole purpose of promoting the Art and Culture Center/Hollywood.

I have read and understand all of the above.

PARTICIPANT OR GUARDIAN SIGNATURE

DATE

## 5 How did you hear?

Please help by telling us how you heard about Summer Arts Camp:

**Questions?** Call us at 954 921. 3274. Return this completed form by **fax to 954. 921. 3273**, by email to **education@artandculturecenter.org**, or in person or by mail to:



**Art and Culture Center/Hollywood**

1650 Harrison Street  
Hollywood, FL 33020

954. 921. 3274

954. 921. 3273 fax

ArtAndCultureCenter.org

[ArtAndCultureCenter.org/camp](http://ArtAndCultureCenter.org/camp)