

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