

REGISTRATION FORM

Summer Arts Camp 2014

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? _____

2 Select programs

Young Actors (morning)

- Session 1: June 9 – June 20
- Session 2: June 23– July 3*
- Session 3: July 7 – July 18
- Session 4: July 21 – Aug. 1
- Session 5: Aug. 4 – Aug. 15

Young Artists (afternoon)

- Session 1: June 9 – June 20
- Session 2: June 23– July 3*
- Session 3: July 7 – July 18
- Session 4: July 21 – Aug. 1
- Session 5: Aug. 4 – Aug. 15

Littlest Actors (morning)

- Session 1: June 9 – June 20
- Session 2: June 23 – July 3*

Littlest Artists (afternoon)

- Session 1: June 9 – June 20
- Session 2: June 23 – July 3*

Young Artists Advanced

- Session 1: July 7 – July 18
- Session 2: July 21 – Aug. 1

\$400 members/\$425 non-members per 2-week session, full day
\$300 members/\$325 non-members per 2-week session, half-day

Hip Musicians' Percussion Groove

- Session 1: July 7 – July 11

\$225 members/\$250 non-members per 1-week session, full day

Broadway Actors

- Session 1: June 9 – July 3*
- Session 2: July 14 – Aug. 8

\$750 members/\$800 non-members per 4-week session, full day

* No camp on July 4th

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
- Master Card

CARD NUMBER _____ CSC# _____

SIGNATURE _____ EXPIRATION DATE _____

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

I have read and understand all of the above.

PARTICIPANT OR GUARDIAN SIGNATURE _____ DATE _____

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

Questions? Call us at 954 921. 3274, ext. 232. Return this completed form by fax to 954. 921. 3273, by mail, or in person to:



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Hollywood FL 33020
954. 921. 3274
954. 921. 3273 fax
ArtAndCultureCenter.org