

Students Name _____

CC# _____

DOB ___/___/___ Age ___ Race ___ Gender ___ School _____

Exp. Date _____ Code _____ CC Type _____

Telephone (cell) _____ (work/home) _____

Check # _____ \$ Amount _____

Address _____

Parents email _____

City _____ State _____ Zip _____

Emergency contact _____

Parents/Guardians _____

Emergency phone _____

Allergies or health conditions: _____

**** March Madness Registration: 3/5—3/9 and 3/12—3/16**

Sessions	Mini Masters Mornings 9 – 11:30 am 4.5-5 yrs No discounts		✓ Check ONE camp per week here →		Mini Masters Full Day 4.5-5 yrs	SSV Visual Art 6-10 yrs	DFAC On Stage 8-14 yrs	Mural Madness 8-12 yrs	Art Squad 11-14 yrs		Early Registration ends April 27th	Sibling disc each camper	3 or more weeks disc	March Madness **Restrictions apply	Extended Care	Weekly TOTAL	Payment or \$50 Deposit	Office Use
	MEMB	Non-M	MEMB	Non-M					MEMB	Non-M								
Wk 1- 6/11 – 15	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 2- 6/18 – 22	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 3- 6/25 – 29	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 4- 7/2 – 6	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 5- 7/9 – 13	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 6- 7/16 – 20	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 7- 7/23 – 27	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 8- 7/30 – 8/3	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 9- 8/6 – 10	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 165	<input type="checkbox"/> 185	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Wk 10- 8/13 – 17	<input type="checkbox"/> 80	<input type="checkbox"/> 100	<input type="checkbox"/> 155	<input type="checkbox"/> 175	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -30	<input type="checkbox"/> 40			
Office Use Only	In Book <input type="checkbox"/>	In PC <input type="checkbox"/>	Schol: _____	Registered by: _____	Family Membership <input type="checkbox"/> New <input type="checkbox"/> Renew \$65 / 58.50 Dunedin Res													

NOTE: Balance of tuition is due 2 weeks PRIOR to session start date.

Grand Total at time of Registration

Release: By signing this form I release the Dunedin Fine Art Center from any and all liability from any bodily injuries sustained to my children, or for loss or damage of any personal articles, while on the premises or participating in any activity sponsored by DFAC. I further agree that in the event medical attention is required due to accident or illness, The Dunedin Fine Art Center shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals. DFAC is authorized to take photographs (group/individual) for archives, grants, and promotional materials. **Tuition and Deposits are non-refundable.**

Parents Signature _____

NOTE: Grouping with friends available by advance written request if age group/art skills are appropriate. Changes cannot be made after program has started.

Please **group** my child with: _____

The following persons are allowed to **pick up** my child: _____