

DFAC Summer Art Academy **2017** Registration Form *(one form per camper)*

Fax form to: 727-298-3326 or Email to: Shannon@dfac.org

Campers Name _____
 DOB* / / *Required Age _____ Gender _____ School _____
 Phone (cell) _____ (work) _____
 Address _____
 City _____ State _____ Zip _____

Allergies or health conditions: _____

Parents/Guardians PRINT _____

***Parent Signature (required)** _____

I authorize the following persons to **pick up** my child: _____

Grouping is available by advance written request and only if age appropriate, children must be the same age. Group my child with: _____

PAYMENT:

CC# _____
 Exp. Date _____ Code _____ CC Type _____

Check # _____ \$ Amount _____

Email (Required) _____

Alternate Emergency Contact* _____
phone _____

**Parents will be contacted first, in case they cannot be reached list an alternate*



Sessions	Full Day Camps Tuition	Mini Masters	SSV Visual Arts	I Pad	Arts In Motion	Mural Madness	Art Squad Tuition	DFAC Family Member Discount \$20 / week	Sibling Discount \$10 each camper	3 or more weeks discount	Extended Care	Weekly TOTAL	Payment	Balance
		Check One Camp Per Week							Discounts Not Valid during March Madness or short weeks		First week due in full, add'tl weeks require \$50 non-refundable deposit			
Wk 1- 5/30 – 6/2*	<input type="checkbox"/> 150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 160	<input type="checkbox"/> -20			<input type="checkbox"/> +35			
Wk 2- 6/5 – 9	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 3- 6/12 - 16	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 4- 6/19 – 23	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 5- 6/26 – 30	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 6- 7/3 – 7	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 7- 7/10 – 14	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 8- 7/17 – 21	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 9- 7/24 – 28	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			
Wk 10- 7/31 - 8/4	<input type="checkbox"/> 185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 195	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> +40			

*** 4 Day Week**

Office Use Only

In Book

In PC

Scholarship: _____

Registered by: _____

Family Membership New Renew \$90 / \$81 Dunedin Res

Sub Total

Release: By paying for these programs, I acknowledge/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 photos/videos (group/individual) for archives, grants, and promotional materials. **Tuition and Deposits are non-refundable.**

Payment Due at time of Registration

Remaining Balance