

DFAC Summer Art Academy **2018** Registration Form *(one form per camper)*

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

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

PAYMENT:
 CC# _____
 Exp. Date _____ Code _____ CC Type _____
 Check # _____ \$ Amount _____
 Email (Required) _____
 Alternate Emergency Contact* _____
 phone _____

Allergies or health conditions: _____


Parents/Guardians ^{PRINT} _____

*Parent Signature (required) _____

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

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: _____

 Sessions	Full Day Camps Tuition	Check One Camp Per Week					Art Squad Tuition	DFAC Family Member Discount \$20 / week	Register Early by April 28 th \$10 discount Sibling Discount \$10 each camper 3 or more weeks \$5 discount			March Madness Restrictions apply -35	Extended Care +45	Weekly TOTAL	Payment	Balance	
		Mini Masters	SSV Visual Arts	I Pad	Arts In Motion	Mural Madness			Discounts Not Valid during March Madness or short weeks								First week due in full, add'l weeks require \$50 non-refundable deposit
Wk 1- 5/29 – 6/1*	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> -35	<input type="checkbox"/> +35				
Wk 2- 6/4 – 8	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 3- 6/11 - 15	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 4- 6/18 – 22	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 5- 6/25 – 29	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 6- 7/2 – 6	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 7- 7/9 – 13	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 8- 7/16 – 20	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 9- 7/23 – 27	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 10- 7/30 - 8/3	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				
Wk 11- 8/6 - 8/10	<input type="checkbox"/> 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 200	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45				

* 4 Day Week

Sub Total

Office Use Only In Book
 In PC Scholarship: _____ Registered by: _____

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

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.**

Total Payment Due at time of Registration

Remaining Balance