

DFAC Summer Art Academy **2020** Registration Form (one form per camper)

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

Camper's Name _____
 DOB* / / *Required Age _____ Gender _____ School _____
 Phone (cell) _____ (work) _____
 Address _____
 City _____ State _____ Zip _____
Allergies or health conditions: _____
Parents/Guardians PRINT _____

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

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		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	Extended Care	Weekly TOTAL	Payment	Balance
	Tuition	Mini Masters	SSV	Visual Arts	I Pad	Arts In Motion	Mural										
Wk 1- 6/1 - 6/5	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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 2- 6/8- 6/12	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 6/15 - 6/19	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 6/22 -6/26	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 6/29 - 7/3	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 7/6 - 7/10	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 7/13 -7/17	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 7/20 -7/24	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 7/27 - 7/31	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<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- 8/3 - 8/7	<input type="checkbox"/> 195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 205	<input type="checkbox"/> -20	<input type="checkbox"/> -10	<input type="checkbox"/> -10	<input type="checkbox"/> -5	<input type="checkbox"/> -35	<input type="checkbox"/> +45			

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