

**ACA**

# Atlantic Center for the Arts Summer Art Camp

atlantic center for the arts

## Registration Form

Student's First Name \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email (important! Notifications will be sent by email!) \_\_\_\_\_

 New Student    Returning Student    ACA member

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions (allergies, medications, medical conditions, etc.) \_\_\_\_\_

Sessions (circle or highlight)	Date	Time	Tuition ACA/NonM
Session 1	June 15-18	9 - 2	\$90/\$100
Session 2	June 22-25	9 - 2	\$90/\$100
Session 3	June 29-July 2	9 - 2	\$90/\$100
Session 4	July 6-9	9 - 2	\$90/\$100
Session 5	July 13-16	9 - 2	\$90/\$100
Session 6	July 20-23	9 - 2	\$90/\$100
Session 7	July 27-30	9 - 2	\$90/\$100
Session 8	August 3-6	9 - 2	\$90/\$100
Session 9	August 10-13	9 - 2	\$90/\$100

Total Due \$ \_\_\_\_\_

Deposit(s): \$20 per student, per session \$ \_\_\_\_\_

Join ACA &amp; SAVE on tuition: \$40 individual membership \$ \_\_\_\_\_

\$70 family membership \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Method of payment (please check one):

 Cash (do not mail cash)    Check or Money Order    Visa Master Card    American Express    Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**For ACA use only**

Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Date \_\_\_\_\_ Bal. Due \_\_\_\_\_

Withdrawn Date \_\_\_\_\_

Cancel Date \_\_\_\_\_

Refund/Credit \_\_\_\_\_ Check # \_\_\_\_\_

Scholarship \_\_\_\_\_ Date \_\_\_\_\_

### Release Form

**\*Please sign below\*****\*Payment of a \$20 non-refundable deposit is required to secure space in any session.****\*I understand that the full tuition is non-refundable once a space has been reserved unless requested one week prior to session.****\*Whenever possible, classes, scheduling and instructors will be as represented. They are subject to change without notice.****\*I grant full permission to use photographs, video, and any other recordings of classes or the program involving me or my child(ren) for any legitimate purposes.****\*In consideration of Atlantic Center's acceptance of this enrollment, I hereby waive and release any and all rights and claims against Atlantic Center for the Arts.****\*By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted by Atlantic Center for the Arts.****Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Deliver completed form to:**  
**Atlantic Center for the Arts**  
**Community Arts Center at Harris House**  
**214 S. Riverside Dr.**  
**New Smyrna Beach, FL 32168**  
**Questions? Phone us @ 386.423.1753**

**scholarship applications**  
**available online**

**[www.atlanticcenterforthearts.org](http://www.atlanticcenterforthearts.org)**