

2018 Summer Art Camp - Registration Form



Mail, E-mail or Deliver Completed Form with Payment Information to:
 PO Box 354, One S. Second Street
 Newport, PA 17074
 pcca@perrycountyarts.org

For details and scholarship info, visit www.perrycountyarts.org

Please, One Student Per Registration Form

Student's Name: _____ Birth date: (MM/DD/YY): ___ / ___ / ___
 Parent(s) Name: _____ T-shirt Size: _____
 Address: _____ Day Phone: _____
 City: _____ PA Zip: _____ Alternate Phone: _____
 Email: _____ Alternate Phone: _____
 School Student Attends: _____ Grade Entering: _____
 Special Instructions About Your Child (Allergies): _____
 How did you find out about Summer Art Camp: _____

Emergency Sign-In/Out List:

Perry County Council of the Arts (PCCA) requires that all Art Camp students (ages 12 years and younger) must be signed-in and out by an authorized adult. Students may not be signed out by another student or sibling under the age of 18. Please list the adults authorized to sign your child in and out of class (including any parent not listed above). These individuals may also be called in case of emergency if staff is unable to reach a parent.

Name: _____ Phone: _____ Relationship to Child: _____
 Name: _____ Phone: _____ Relationship to Child: _____
 Name: _____ Phone: _____ Relationship to Child: _____

Terms:

In order for my child's registration to be complete, I understand that I must enclose full tuition with a completed, signed, dated, registration form and mail, fax, or deliver it to the Perry County Council of the Arts. I understand that art camp is filled on a first-come basis and that if filled or canceled I will be issued a full refund. I understand that PCCA reserves the right to discontinue my child's enrollment without refund due to improper behavior. I give PCCA authorization to reproduce my child's image and artwork created by my child during the program for the purposes of program publicity and fundraising.

Rates:

Dates	Time	Grades	Regular Rate	Member Rate	Group Rate (2 or more family members attending)
July 23-July 27	9am-11:30am	1-3	\$60	\$50	\$45
July 23-July 27	12:30pm-3pm	1-3	\$60	\$50	\$45
July 30-August 3	9am-3pm	4-6	\$120	\$110	\$100

Method of Payment:

Cash: \$ _____ Check #: _____
 Credit Card #: _____ Visa Mastercard Expiration Date: ___/___
 Signature of Cardholder _____

Please complete this registration form, sign and return with tuition. Thank you.