

THE UNIVERSITY CENTER FOR THE PERFORMING ARTS

25th ANNUAL SUMMER PERFORMING ARTS CAMP

ENROLLMENT FORM **CAMP** ages 8-15

Please complete all sections

CAMPER NAME _____ TEL# _____ CELL _____

ADDRESS _____ CITY _____ ZIP _____

AGE: _____ BIRTH DATE: _____ SEX: M _____ F _____ GRADE ENTERING IN FALL: _____

MOTHER'S NAME _____ FATHER'S NAME _____

EMERGENCY CONTACT _____ TEL# _____ CELL _____

BEHAVIORAL OR MEDICAL CONCERNS _____ PHYSICIAN'S NAME _____ TEL# _____

E-MAIL ADDRESS _____ RETURNING CAMPER: YES _____ NO _____

(PLEASE CHECK APPROPRIATE AREAS BELOW)

SESSION "A" _____ JUNE 14 - JULY 9, 2010 TUITION: \$795.00	SESSION "B" _____ JULY 12 - AUG 6, 2010 TUITION: \$795.00	SESSION'S "A & B" _____ JUNE 14- AUG 6, 2010 TUITION: \$1,540.00
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_____ **FULL DAY REGULAR SUMMER CAMP (MON. - FRI. 9:30 AM - 4:00 PM)**
_____ **FULL DAY CAMP WITH AFTER-CARE PROGRAM (MON. - FRI. 9:30 AM - 5:30 PM)**
AFTER-CARE IS \$175 FOR ONE SESSION, \$295 FOR BOTH SESSIONS OR \$10 DAILY RATE.

TOTAL TUITION DUE _____ **DEPOSIT PAID** _____
ENROLLMENT WILL NOT BE ACCEPTED WITHOUT THE FULL DEPOSIT OF \$150 PER CHILD PER SESSION

REMAINING BALANCE DUE - SESSION "A" _____ **DUE MAY 14, 2010**

REMAINING BALANCE DUE - SESSION "B" _____ **DUE JUNE 18, 2010**

CASH _____ **CHECK#** _____ **VISA OR MASTERCARD (CIRCLE ONE)**

NAME ON CREDIT CARD _____ **CC#** _____ **EXP.** _____ / _____

I HAVE READ AND AGREE TO FOLLOW THE POLICIES LISTED BELOW.

SIGNATURE _____ **DATE** _____
PARENT/GUARDIAN

UCPA POLICIES—Please keep for your records

1. TUITION IS NON-REFUNDABLE SHOULD YOUR CHILD NOT ATTEND CAMP FOR ANY REASON AND DISCONTINUE AT YOUR REQUEST. TUITION ALLOWANCES CANNOT BE MADE TO ACCOMMODATE ABSENCES FROM CAMP. THERE ARE NO MAKE-UP CLASSES OR REFUNDS OR ADJUSTMENTS MADE FOR MISSED DAYS.
2. Deposits are NON-REFUNDABLE. If tuition is not paid in full by above named date, your child's place may be offered to another camper from our waiting list.
3. In case of serious illness or accident, I give permission for professional medical treatment for my child. I will assume all responsibility for payment.
4. I will not send my child to camp ill. I understand that my child will be sent home due to illness.
5. I understand that dance classes may require campers to perform some difficult physical movements. If I question my child's ability, I will consult my child's physician before enrolling.
6. I understand that all campers are required to wear proper comfortable attire and proper dance shoes for ALL dance classes/rehearsals.
7. I understand that campers must bring their own lunch. No microwave oven or refrigeration will be available.
8. I understand that guests are NOT permitted to attend camp with my child.
9. I understand that the use of cell phones is strictly prohibited during camp hours. Campers may use the UCPA office phone in case of an emergency.
10. I understand that my child is not to bring any valuables to camp and that the UCPA assumes no responsibility for lost, stolen or damaged property.
11. I give the UCPA the unrestricted right and permission to copyright and use, re-use, publish and re-publish photographic portraits, videography, or pictures of my child or his/her likeness.
12. I understand that my child's performances are the last 3 days of camp in the EVENING and that he/she must attend ALL PERFORMANCES. If unable to attend all performances we must receive written notice of dates to be missed.