

# THE UNIVERSITY CENTER FOR THE PERFORMING ARTS

## MINI SUMMER CAMP

ENROLLMENT FORM ages 6-14

*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)

*Check appropriate boxes*

<input type="checkbox"/> WEEK 1: Aug. 8-12	1 WEEK _____	2 WEEKS _____
<input type="checkbox"/> WEEK 2: Aug. 15-19	1 Camper \$225	1 Camper \$435
<input type="checkbox"/> BOTH WEEKS: Aug. 8-19	2nd Camper* \$210	2nd Camper* \$410
	3rd Camper* \$195	3rd Camper* \$605

*\*Campers must be siblings to receive discount.*

\_\_\_\_\_ FULL DAY REGULAR SUMMER CAMP (MON. - FRI. 9:30 AM - 3:00 PM)

\_\_\_\_\_ AFTER-CARE PROGRAM (MON. - FRI. 3:00 PM - 5:30 PM) \$50 A WEEK OR \$10 A DAY

TOTAL TUITION DUE \_\_\_\_\_ DEPOSIT PAID \_\_\_\_\_

ENROLLMENT WILL NOT BE ACCEPTED WITHOUT A \$50 DEPOSIT

REMAINING BALANCE \_\_\_\_\_ DUE JULY 15, 2011

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 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. The UCPA reserves the right to dismiss any camper who is disruptive. This includes, but is not limited to, inappropriate language and behavior. No tuition allowance or refund will be issued for campers who are dismissed under such circumstances.
6. 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.
7. I understand that all campers are required to wear proper comfortable attire and proper dance shoes for ALL dance classes and rehearsals.
8. I understand that campers must bring their own lunch. No microwave oven or refrigeration will be available.
9. I understand that guests are NOT permitted to attend camp with my child.
10. 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.
11. 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.
12. The UCPA shall not be liable for camp cancellation due to acts of God, acts of terror, war, flood, fire or hurricane.