



# Atlantic Center for the Arts

# Summer Art Camp



## Registration Form

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

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

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 \_\_\_\_\_

How did you learn about ACA's Summer Art Camp? \_\_\_\_\_

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

Check your sessions	Date	Time	Tuition ACA/NonM
<input type="checkbox"/> Session 1	June 7 - 10	9 - 2	\$90/\$100
<input type="checkbox"/> Session 2	June 14 - 17	9 - 2	\$90/\$100
<input type="checkbox"/> Session 3	June 21 - 24	9 - 2	\$90/\$100
<input type="checkbox"/> Session 4	June 28-July 1	9 - 2	\$90/\$100
<input type="checkbox"/> Session 5	July 12 - 15	9 - 2	\$90/\$100
<input type="checkbox"/> Session 6	July 19 - 22	9 - 2	\$90/\$100
<input type="checkbox"/> Session 7	July 26 - 29	9 - 2	\$90/\$100
<input type="checkbox"/> Session 8	August 2 - 5	9 - 2	\$90/\$100
<input type="checkbox"/> Session 9	August 9 - 12	9 - 2	\$90/\$100

Deposit(s): \$20 per student, per session.....\$ \_\_\_\_\_  
or Total fee.....\$ \_\_\_\_\_

Join ACA & SAVE on tuition:  
\$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Withdrawn Date \_\_\_\_\_  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\***

**\*A \$20 non-refundable deposit is required to secure space in any session.**

**\* Full tuition is non-refundable once a space has been reserved unless requested one week prior to session.**

**\*When 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 ACA'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 South Riverside Drive  
New Smyrna Beach, FL 32168  
Questions? Phone us @ 386.423.1753**