

SUMMER ART CAMP

2010 Application for Enrollment: 5-13 year olds

Incomplete applications will not be accepted



PARTICIPANT INFORMATION:

Name: _____ Preferred name or nickname: _____
(Full Name)
Address: _____ City: _____ State: _____ Zip: _____
Present Age: _____ Birth date: _____ Grade Fall 2009: _____ School: _____ Male: _____ Female: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Guardian: Yes _____ No _____
(First) (Middle) (Last)
Mother's Home Phone: _____ Work Phone: _____ Cell/Pager: _____
Father's Name: _____ Guardian: Yes _____ No _____
(First) (Middle) (Last)
Father's Home Phone: _____ Work Phone: _____ Cell/Pager: _____
Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____
E-mail address: _____ Is camper living with both parents? _____ If not, with whom? _____
Other than Parent(s)/Guardian(s) please list who you authorize to pick up your child:
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
What are you and your child's primary goals in attending the Summer Art Camp? _____

EMERGENCY CONTACT INFORMATION:

In the event of an emergency and a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____

If you are unavailable, is this person authorized by you to give permission for treatment? Yes No
If neither parents, person named above, nor physician is available in case of an emergency, the Frist Center will exercise its judgment regarding medical treatment.

MEDICAL INFORMATION:

Child's Physician: _____ Phone: _____
Insurance Carrier: _____ Group Number: _____
Name of Policy Holder: _____ Relationship to Child: _____
Does your child have any allergies or any other physical or psychological considerations? Yes No
If so please list and specify: _____

Will your child be taking medication during his/her program? Yes No If so, please list medication(s) and when the child will be taking them _____
(The Frist Center would prefer that any medication be administered at home. If child must take medication during the course of a program session, please contact the Program Director at (615) 744-3342)

PROGRAMS: Please check all program sessions you would like to apply for. Please note that each day of camp is divided into two sessions. *****Please note that your child must be the appropriate age for the group you are signing them up for by the day the camp starts.**

DATES	TIME	AGES 5-7	AGES 8 - 10	AGES 11 - 13
June 14-18	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> In the ARTic! <input type="checkbox"/> Becoming an Artist <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Collage of Cultures <input type="checkbox"/> Uniquely You <input type="checkbox"/> After Camp	
June 21-25	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Adventures in the Wild <input type="checkbox"/> Smashin' Fashion <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Mimicking Glass <input type="checkbox"/> My World in 2-D <input type="checkbox"/> After Camp	
June 28-July 2	10 AM – 4 PM			<input type="checkbox"/> Photography: New vs. Old
July 12-16	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> In the ARTic! <input type="checkbox"/> Becoming an Artist <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Collage of Cultures <input type="checkbox"/> Uniquely You <input type="checkbox"/> After Camp	
July 19-23	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Adventures in the Wild <input type="checkbox"/> Smashin' Fashion <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Mimicking Glass <input type="checkbox"/> My World in 2-D <input type="checkbox"/> After Camp	

In the case your preferred session(s) is full please check one of the following options: Refund my payment Put me on the waiting list
 Register me for my second choice(s) which are _____

PRICING AND PAYMENT:

In order for your application to be considered, you must include a deposit with this form in the amount indicated below. Personal checks made out to *Frist Center for the Visual Arts*, Discover, MasterCard, Visa, and American Express credit cards are accepted. Please note that each day of camp is divided into two sessions. If you are mailing this application, please do not send cash.

COST	1 Session	1 Session for Frist Center Member	2 Sessions	2 Sessions for Frist Center Member	Pre/After Camp
AGES 5 - 7 & AGES 8 - 10	\$200 (\$50 Deposit)	\$150 (\$50 Deposit)	\$300 (\$75 Deposit)	\$250 (\$75 Deposit)	\$20 per week
AGES 11 - 13	\$250 (\$75 Deposit)	\$200 (\$75 Deposit)			Not Available

It is necessary to be prompt in picking up your child from the after-camp session. A late fee of \$2 *per minute* will be charged if you are late.

Are you a Frist Center Member? Yes No Membership Number: _____

Total Cost for program session(s): _____ **Deposit:** _____ **Amount Enclosed:** _____

Payment Method: Check # _____ Credit Card: Discover MasterCard Visa American Express Discover

Credit Card Number: _____ Expiration Date: _____

Your balance must be paid in full no later than two weeks prior to the start date of your session. If payment is not received by this date you will forfeit your registration.

MAIL TO: Summer Camp Director, Frist Center for the Visual Arts
919 Broadway, Nashville, TN 37203

FAX TO: (615) 744-3965 (Credit card payments only)
QUESTIONS: Please call **(615) 744-3342**
E-MAIL: sdarr@fristcenter.org

CANCELLATION AND REFUND POLICY:

If you provide notice of cancellation two weeks prior to the start date of your session a full refund will be given. If you provide notice of cancellation one week prior to the start date of their program 50% of your tuition will be refunded. There will be no refund for registrants who cancel *within one week* of their start date. In the event the Frist Center must cancel a session, due to a lack of participants, a full refund will be provided.

PERMISSION:

I hereby grant permission for _____ to participate in all Summer Art Camp activities on or off the Frist Center grounds. I understand that the Frist Center or any of its personnel shall not be liable for any personal injuries or property damage sustained by the above named child. I release the Frist Center, its trustees, agents, vendors and employees from any and all claims, demands, damages or rights of action arising out of this Agreement or the use of the Frist Center Facilities contemplated hereby. I approve the application and all the information contained therein above. I also give permission for photographs of my child to be used in Frist Center publicity materials.

Signature of Parent/Guardian: _____ **Date:** _____