

2017 SUMMER REGISTRATION

Child 1

First and Last name: _____

Nicknames: _____

Gender (Male/Female/Other): _____

Grade in Fall 2017: _____

Birthdate: _____

Address: _____

Home Phone: _____

Special Needs (i.e. allergies, dietary restrictions, etc): _____

Child 2

First and Last name: _____

Nicknames: _____

Gender (Male/Female/Other): _____

Grade in Fall 2017: _____

Birthdate: _____

Address: _____

Home Phone: _____

Special Needs (i.e. allergies, dietary restrictions, etc): _____

Child 3

First and Last name: _____

Nicknames: _____

Gender (Male/Female/Other): _____

Grade in Fall 2017: _____

Birthdate: _____

Address: _____

Home Phone: _____

Special Needs (i.e. allergies, dietary restrictions, etc): _____

Parent 1 Contact Info

First and Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent 2 Contact Info

First and Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

How did you hear about us?

CAMP NAME	AGE	SESSION DATE & TIME	KID 1	KID 2	KID 3
Dragons and Wizards	3-6	I June 19-22 AM			
Backyard Bonanza	3-6	I June 19-22 PM			
Kingdom of Clay	6-14	I June 19-22 AM			
KidPower	6-14	I June 19-22 PM			
Messy Monet Madness	3-6	II June 26-29 AM			
Dream Forts	3-6	II June 26-29 PM			
Do It Yourself	6-14	II June 26-29 AM			
KidPower	6-14	II June 26-29 PM			
All Things Puppet	3-6	III July 3,5,6 & 7 AM			
Minnesota Woodsy Wildlife	3-6	III July 3,5,6 & 7 PM			
How Did You Make THAT???	6-14	III July 3,5,6 & 7 AM			
Cooking Camp	6-14	III July 3,5,6 & 7 PM			
KidPower	6-14	III July 3,5,6 & 7 PM			
Rhythm and Spices	3-6	IV July 10-13 AM			
Across the Universe	3-6	IV July 10-13 PM			
Make your own Music Video	6-14	IV July 10-13 AM			
KidPower	6-14	IV July 10-13 PM			
Young Builders Sculpture	3-6	V July 17-20 AM			
Deep Sea Diver	3-6	V July 17-20 PM			
Urban Arts Iron Chef	6-14	V July 17-20 AM			
KidPower	6-14	V July 17-20 PM			
Move It, Move It	3-6	VI July 24-27 AM			
Shake It and Bake It	3-6	VI July 24-27 PM			
Ticky-Tacky Knicky Knacky	6-14	VI July 24-27 AM			
KidPower	6-14	VI July 24-27 PM			
The Wacky Scientist	3-6	VII July 31-Aug 3 AM			
Kingdom of Clay	3-6	VII July 31-Aug 3 PM			
Art Than Moves (You)	6-14	VII July 31-Aug 3 AM			
KidPower	6-14	VII July 31-Aug 3 PM			
Dinosaur Dig	3-6	VIII August 7-10 AM			
Stories and Books Camp	3-6	VIII August 7-10 AM			
The Artistry of Leather	6-14	VIII August 7-10 AM			
KidPower	6-14	VIII August 7-10 PM			
Little Hands Mosaic Camp	3-6	IX August 14-17 AM			
The Me-seum	3-6	IX August 14-17 PM			
The Art of BOOKS	6-14	IX August 14-17 AM			
KidPower	6-14	IX August 14-17 PM			

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Payment Information

All registrations are final. Urban Arts Academy does not issue refunds for cancellations. Urban Arts accepts Visa, Mastercard, check or money order. Payment is required with this form.

Weekly Camp Registration

of AM Camps (3-6 yr and 6-14 yr) _____ x \$99 = \$ _____

of PM Camps (3-6 yr) _____ x \$99 = \$ _____

Subtotal for weekly camps = \$ _____

KidPower Registration

KidPower 9 week session is free if student qualifies for Free & Reduced Lunch

All KidPower families who register for 9 weeks pay registration fee

9 weeks KidPower (6-14 yr) + \$15 \$915 = \$ _____

9 weeks KidPower (6-14 yr) Free + Reduced Lunch \$15 = \$ _____

OR # of PM KidPower A la Carte camps (6-14 yr) _____ x \$120 = \$ _____

Subtotal for KidPower = \$ _____

Early Bird Discount (\$20 off your first registration before March 15th) = -\$ _____

***Please note: Discounts cannot be applied to Registration Fees**

Grand Total = \$ _____

KIDPOWER ONLY: My children are eligible for Free & Reduced lunches at the public schools. I will provide a letter of proof. (If we do not receive it, you will be sent an invoice for KidPower.)

Place my child(ren) on the wait list if the preferred session is full.

Credit Card Info

Card Number: _____

Expiration Date: _____ CSV: _____

Name on Card: _____

Billing Address (if different from Parent Info): _____

Signature: _____

Date: _____

Limited scholarships may be offered at 50% of cost
(Contact Tamar at tghidalia@urbanartsacademy.com)

If you would like to arrange a payment plan and/or sign up for automatic billing, please contact the office at (612) 827-1641.

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Emergency Contacts (2 Required)

Emergency contacts are also authorized to pick up your child(ren).

Additional people authorized to pick up/drop off your child(ren)

Name: _____

Name: _____

Work Phone: _____

Phone: _____

Cell Phone: _____

Name: _____

Name: _____

Phone: _____

Work Phone: _____

Cell Phone: _____

Child(ren)'s Medical/Dental Info

Doctor or Clinic Name: _____

Phone: _____

Dentist or Clinic Name: _____

Phone: _____

Additional Medical Information:

I certify that my child has completed the immunizations required by law for childcare.

I oppose immunization.

Consent to act in an Emergency: I give my permission to Urban Arts Academy and/or appropriate medical facilities to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, guardian and/or physician. Further, I hereby release and agree to hold harmless and to indemnify Urban Arts Academy, its staff and volunteers, from any claims, losses or expenses incurred. Speaking as a legal guardian of this participant, I hereby verify by my signature of this form that I fully understand and accept each of the above conditions for permitting my child to participate in activities at Urban Arts Academy.

Consent to Photograph and Media Release: I understand my child's photograph or video may be taken during instruction, special events, and performances. I hereby grant permission to Urban Arts Academy to use my child's photograph or likeness in any publicity or promotional publications. (e.g., website, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Walking/Field Trip Release: My child has my permission to take supervised walks in the neighborhood, trips to the park, and pre-arranged field trips. I do not hold Urban Arts responsible for lost articles, harm or injury to the student.

Parent Name (print): _____

Signature: _____

Date: _____