

Summer Camp 2016 " Paint across the USA "

REGISTRATION FORM

<input type="checkbox"/> Session 1 June 20 - 23, 24 June 27 - 30, July 1	<input type="checkbox"/> Session 2 July 5 - 7, 8 July 11 - 14, 15	<input type="checkbox"/> Session 3 July 18 - 21, 22 July 25 - 28, 29	<input type="checkbox"/> Session 4 Aug 1 - 4, 5 Aug 8 - 11, 12
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Two - Week Sessions		Supplies + T-shirt = + \$30	
<input type="checkbox"/> Full day Session	9:00am - 3:30pm (Mon - Fri)	\$680	
<input type="checkbox"/> Morning Session	9:00am - 12:00pm (Mon - Thur)	\$340	
<input type="checkbox"/> Afternoon Session	12:30 pm - 3:30pm (Mon - Thur)	\$340	
<input type="checkbox"/> Extended day	3:30pm - 6:00 pm (Mon - Fri)	\$200	

- Minimum \$140.00 (deposit of \$100 plus \$40 supplie fee - non refundable) is required at the time of registration. Full balance must be paid by June 1st. 10% discount for younger siblings.
- Make-up sessions not guaranteed for Summer Camp. No class on July 4th and the make-up class will be on 7/8
- Campers should bring their own snack and drink each day. Lunch time for full day students is 12:00 - 12:30pm.

CAMPER NAME: _____

Age: _____ Birthdate: _____ Gender: _____

School Attending _____ Grade: _____

Parent's name _____

Address _____

E-mail address _____

Phone(H) _____ (C) _____ (W) _____

Emergency contact _____ Phone _____

Medical or Any other concerns? _____

<input type="checkbox"/> Full Payment	<input type="checkbox"/> Deposit Only *	* Full balance must be paid by June 1, 2016
		* Balance will be charged at June 1st for credit payment.
Payment method	Credit (Visa, Master) <input type="checkbox"/>	Cash <input type="checkbox"/> Check <input type="checkbox"/> (Payable to "Little Picasso")
Credit card no. _____		Exp. Date _____
Signature. _____		(cvv) _____

I understand and agree that my child is expected to carry his/ her own accident and medical insurance. I release Little Picasso from any and all liability and/ or claims and damages arising out of personal injury of any kind. If necessary, I authorize Little Picasso to administer first aid and/ or authorize medical treatment for my child.

Signature _____ Date _____

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www.littlepicassoart.com