

URBANA ART & SOUL

One front page PER FAMILY

2021 SUMMER CAMP REGISTRATION

2510 Urbana Pike Suite 104 Ijamsville, MD 21754

301-418-5458 studio@urbanaartandsoul.com www.urbanaartandsoul.com

Deposit	<input type="checkbox"/>
Remainder	<input type="checkbox"/>
Waiver	<input type="checkbox"/>

CAMPER(S) INFORMATION

Student(s) Name(s)	<input type="text"/>	Home Phone	<input type="text"/>
Address	<input type="text"/>		
School (s)	<input type="text"/>	2021-2022 Grade(s)	<input type="text"/>
		Shirt size(s) YXS-AXL	<input type="text"/>

PARENT/GUARDIAN INFORMATION

Name & Cell Phone	1. <input type="text"/>	2. <input type="text"/>
E-mail Address	<input type="text"/>	

EMERGENCY CONTACT (If above parent/guardian above cannot be contacted)

Name/ Relation	<input type="text"/>	Contact Number	<input type="text"/>
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HEALTH

**Any allergies or health concerns we should know about?
(Food/insect allergies, disabilities, special learning needs)**

GENERAL CONSENT & RELEASE

I hereby waive and release Urbana Art & Soul LLC and its officers, agents, volunteers, and employees from all acts or omissions resulting in any physical injuries, medical treatment, or other damages to myself or any minors of whom I am a parent or legal guardian, resulting from participation in Urbana Art & Soul programs. I further waive and release Urbana Art & Soul LLC and its officers, agents, volunteers, and employees from any damages sustained by the aforementioned or any guest of the aforementioned as a result of any condition, act, omission, or accident on or at Urbana Art & Soul Studio or any other premises upon which any activity related to Urbana Art & Soul takes place. Urbana Art & Soul reserves the right to suspend or remove any individual whose behavior/conduct is unsafe or inappropriate, with understanding that if the individual is removed, there will be no credit or refund given. Urbana Art & Soul is not responsible for any personal material, injuries, or liabilities.

I have read and understand the policies and procedures as stated and posted by Urbana Art & Soul LLC and agree to abide by the terms and conditions.

Parent /Guardian Signature	<input type="text"/>	Date	<input type="text"/>
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Covid-19 Release: I understand and agree that I will not send my child sick, or if they have any Covid-19 symptoms, or if they have been exposed to anyone whom has Covid-19 or is showing any symptoms. I understand, while staff at Urbana Art & Soul Studio follow all health and safety procedures recommended at this time, there may be risks of community exposure, but will not hold Urbana Art & Soul Studio accountable.

Please initial Yes No

Photo Release: I hereby give permission to Urbana Art & Soul to photograph my child and my child's artwork. I consent to the use of such materials for uses including promotional material and the Urbana Art & Soul website. This release is granted in perpetuity.

Please initial Yes No

Name _____

One form PER CAMPER

CAMP WEEKS

Check session choice

1/2 Day Campers: Lunch time

Date	Week Theme	Full Day	1/2 day AM	1/2 day PM
6/28-7/2	Bright Bold Artists (K-3 rd)			
7/5-7/9	Faces & Places (2 nd -7 th)			
7/12-7/16	Asymmetrical Journey (6 th -12 th)			
7/19-7/23	Recycled & Recreated (K-6 th)			
7/26-7/30	Farm to Table (K-3 rd)			
8/2-8/6	Winged Things (2 nd -7 th)			
8/9-8/13	Fiesta Fun (K-6 th)			

All week \$20	Drop in Lunch \$5/day
	M T W TH F
	M T W TH F
	Full day only
	M T W TH F
	M T W TH F
	M T W TH F
	M T W TH F

WEEKLY PRICING

_____ \$285.00 FULL DAY (Includes Camp Tee)

_____ \$175.00 HALF DAY (Includes Camp Tee)

_____ **SESSION(S) TOTAL**

_____ **ART SUPPLY FEE:** _____ \$7 Half day (each week) _____ \$14 Full day (each week)

_____ **LUNCH TIME OPTION: HALF DAY CAMPERS ONLY: \$20 ALL WEEK /\$5 A DAY "DROP IN"**
(12:00-12:30 optional)

- _____ **FAMILY DISCOUNT:** _____ \$15/Half Day Week _____ \$25/Full Day week
(Applies to 2nd and each additional child)

_____ **MULTIPLE WEEK DISCOUNT** (Same child) _____ -\$15/week (2nd, 3rd & 4th week)

_____ **TOTAL**

_____ **20% DEPOSIT (DUE AT REGISTRATION, NON-REFUNDABLE, NON-TRANSFERABLE)**

_____ **REMAINING BALANCE (DUE BY MAY 21st) (\$25 LATE FEE ON BALANCE AFTER MAY 21st)**

PAYMENT

Paid in Full Deposit Remainder

Date of payment Cash Check #(s)

Credit Card Expiration CVV CODE

Name on Card _____

Please e-mail me invoice to pay on-line with CC, Checking account or PayPal.

Preferred method of payment: Check/cash or PayPal via friends and family. Other methods of payment: VISA, MasterCard, Discover and via invoice to use CC. Please note: A 3% or up to \$10 max convenience fee will be added to all CC transactions and there will be a \$35 fee for returned checks.