

Tabor Community Arts Center, Inc.

Camps 2010

Student Name: _____.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Bithday ____ / ____ / ____

School: _____ Grade: _____

Mom: _____ Dad _____

Mom Work Phone: _____ Dad Work Phone: _____

Mom Cell Phone: _____ Dad Cell Phone _____

Emergency Contact Information (Other than parents)

1) Name:: _____ Relation: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

2) Name:: _____ Relation: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Permission / Release

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby waive and release Tabor Community Arts Center, Inc. from all claims of any kind arising out of the provision of emergency medical treatment for my son/daughter.

Signature of Parent or Guardian: _____ Date: _____

You will be asked to sign your child out when you pick him/her up each day .

The following person(s) also have authorization to pick up the above named child.

1. Name:: _____ Relation: _____ Phone: _____

2. Name:: _____ Relation: _____ Phone: _____

Photo Release

I do do not give permission for photos of my child to be used in TCAC brochures, website, and/or other press.

Allergies: Foods/Medications to be avoided: _____

Please complete both sides →

<p>Camp In Between Sign up for one or all three days. Circle your choices.</p> <p>June 16</p> <p>June 17</p> <p>June 18</p> <p>_____ X \$40/day= _____</p> <p>Days</p>	<p>Camp Read it, Draw it! Act it Out! Sign up for one or all ten days. Circle individual days or whole sessions.</p> <p>Session One June 21-25 Mon Tues Wed Thurs Friday</p> <p>Session Two June 28-July 2 Mon Tues Wed Thurs Friday</p> <p>_____ X \$45/day= _____</p> <p>Days</p>	<p>Camp Taborwood Sign up for Session One, Two or both, Circle Mornings Only, or Mornings and Afternoons.</p> <p>Session One July 5-16</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Morning Arts</td> <td style="text-align: right;">\$270.00</td> </tr> <tr> <td>Afternoon Recreation</td> <td style="text-align: right;">\$135.00</td> </tr> </table> <p>Session Two July 19-30</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Morning Arts</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>Afternoon Recreation</td> <td style="text-align: right;">\$150.00</td> </tr> </table> <p style="text-align: right;">Total _____</p>	Morning Arts	\$270.00	Afternoon Recreation	\$135.00	Morning Arts	\$300.00	Afternoon Recreation	\$150.00
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Afternoon Recreation	\$150.00									

Please add your total and remit your 50% deposit by **May1st. Please note if you are attending camp for one day only-please remit the whole day's tuition. Registrations are accepted in the order payment is received.**

_____ + _____ + _____ + **\$20** _____ - _____ = _____

In Between Read it! Taborwood **Material Fee[^]** **ASA Discount***

[^]Please add the materials fee if your camper is attending for more than five days

*Students enrolled in the After School Arts Program during 2009-10 take a \$25.00 discount

A non-refundable deposit of 50% of tuition is due in the office by May 1st. You will be billed for the balance which will be due by May 30th. Your camper is not considered registered until the paperwork and the deposit are received. We will retain a \$40 clerical fee for a cancellation between May 1st and 30th. After May 30th total deposits are forfeited. Cancel after June 1 and both deposit and tuition are forfeited.

Acceptance of Financial Obligation

By enrolling in camp I acknowledge that I have read and understand all policies and fee. I also understand that I am obligated to pay all fees whether camp programs are attended or missed. I agree that the participant may take part in all activities and I release TCAC and it Board from all liability to the participant from taking part in this program.
If other than Parent / Guardian, Please provide contact information.

Person to Bill _____

Street: _____ City: _____ Zip: _____

Please return completed registration form to:
Tabor Community Arts Center, Inc • 45 Tabor Drive, Branford, CT 06405-5225

Forms received without the deposit will not be processed and do not serve as a reservation of a student's place/time in camp.