



Art Camp 2010 Registration Form

Please send registration form with payment to: Quincy Art Center, 1515 Jersey St., Quincy, IL 62301, 217-223-5900, 217-223-6950 (fax).
Campers will not be registered until payment is received.

STUDENT INFORMATION
(1) Student Name:
Student Age:
Grade recently completed in school:
(2) Student Name:
Student Age:
Grade recently completed in school:
(3) Student Name:
Student Age:
Grade recently completed in school:
PARENT/GUARDIAN CONTACT INFORMATION
Parent/Guardian Name:
Home Address (Street, City, State, Zip):
Daytime Telephone Number:
Cell Phone Number:
Email Address:
OTHER EMERGENCY CONTACT
Name:
Phone Number(s):
HEALTH INFORMATION
Is this child(ren) on any medication? YES (please list) NO
Does this child(ren) have any allergies? YES (please list) NO
Does this child(ren) have special needs? (behavior or emotional problems that we should be aware of to help us better serve the student.) YES NO

SELECT YOUR PROGRAMS

Program Title	Start Date	Fee (Total before discount)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total fee	\$
Less Member Discount Are you a member of the Art Center? YES - (please deduct \$5 per session) NO - (Family Membership is only \$35!)		Subtract member discount (\$) Add or renew - membership \$
Less Multiple Child Discount (Multiple child discount is for families enrolling siblings, step-siblings or half-siblings living in the same home.) Are you registering more than one child? First child is full price; you may deduct \$5 per session for each additional child.		Subtract multiple child discount (\$)
TOTAL PAYMENT ENCLOSED		\$

Release/Waiver: I hereby agree to indemnify and hold harmless the Quincy Art Center and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in the Art Center’s Programs. Further, I authorize the Quincy Art Center staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by the Art Center staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless the Quincy Art Center personnel in seeking medical care for my child.

Refund Policy: Fees will be refunded, if you withdraw from a program before the first day of Art Camp 2010. If you must withdraw after this time, no refund will be given, except for documented medical reasons.

Photo Consent: By your signature, you agree that the Quincy Art Center may use the above named student(s) photograph in the routine promotion of its classes and activities and for other non-commercial applications.

Field Trip consent: I give permission for my child to leave the premises of the Quincy Art Center for field trips related to class work. I understand that these trips are supervised by one or more adult staff members. I also understand that I will be fully informed in advance as to the day, time and location of the field trip.

SIGNATURE REQUIRED:

Parent/Guardian Signature

Date