

Capitol Hill Arts Workshop

SUMMER ARTS ADVENTURE CAMP 2017 – Registration Form

Student Name _____ Birthday _____ Grade Completed _____

T-shirt size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Parent/Guardian 1 name: _____ Relationship: _____

Street Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian 2 name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

ARTS CAMP SELECTION (please mark all that apply)

Please note: there's a 10% discount for a family's second child enrolled in camp; fill out a separate form for each child. Grades listed refer to grade most recently completed

| | Session 1 June 26 – 30 | Session 2 July 3 - 7 | Session 3 July 10 - 14 | Session 4 July 17-21 | Session 5 July 24 - 28 | Total |
|--|--------------------------------|--------------------------------|--------------------------------|---|--------------------------------|-------|
| Before Care 8:30am – 9:00am | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$28 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$30 | \$ |
| Arts Adventures Completed Grades K-5 9:00 am – 5:00 pm* | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$385 | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$480 | \$ |
| Jr. Arts Camp PreK Ages 4&5 9:00 am – 12:30 pm | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$205 | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$255 | \$ |
| Ceramics Institute Grades 6 - 8 1:00 pm – 5:00 pm | | | | <input type="checkbox"/> \$680 ***This is a two week camp*** | | \$ |
| After Care 5:00 pm – 5:30 pm | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$28 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$30 | \$ |
| GRAND TOTAL | | | | | | \$ |

Shake it Off

Dance Camp

July 31 – August 4

9:00am – 5:00 pm

(Grade most recently completed)

\$480

Only Make Believe

Theater Camp

August 7 - 11

9:00am – 5:00 pm Grades K – 5

Grades K - 5

(Grade most recently completed)

\$480

String Fling!

Violin, Viola, Cello Camp

August 14 - 19

Mon-Fri 8:30am – 12:30 pm

Saturday Recital 10:00am – Noon

Ages 4 – 12 (Age as of first day of camp)

\$375

Form Continues on Reverse Side

Questions 1-4 are optional and are used by CHAW specifically for grant writing purposes.

| | |
|---------------------------------|--|
| 1. Student's Gender: | 2. Student's Race/Ethnicity |
| 3. How did you hear about CHAW? | 4. Have you or anyone in your family taken classes at CHAW before? |

Payment

| | |
|--|----|
| Subtotal for this registration | \$ |
| Subtotal for additional Family registrations | \$ |
| \$10 registration fee (if classes have never been taken at CHAW) | \$ |
| Discount (see box below for terms) | \$ |
| Total Balance Due: | |

Monthly payment plans are available with a down payment. Payment plan payments are made on the 1st or 15th of each month and may be split into as many as 4 payments (including down payment.) **Additionally, payment plans *must* be set up with either postdated checks or a valid credit card – please do not submit a registration without one or the other.** Call the office at 202-5476839 or email registration@chaw.org with any questions.

Check(s) payable to CHAW -----Check Number: _____ Amount: _____

Card Number: _____ Expiration: ____/____ CVC Code: _____

Signature: _____ Date: _____

Down payment amount (for payment plans only) : _____

Pay in Full

Payment plan for 1st of the month

Payment plan for 15th of the month

Terms of Discount

CHAW offers a 10% discount on subsequent registrations within the same family.

1. Discount is taken from lowest priced registration ie: higher priced registration pays full price, registrations of equal or lesser value pay discounted price.
2. Separate forms must be filled out for each additional student.

Camp Cancellation Policy

| Final Full Refund Date | 50% Tuition Refund | No Refund or Credit |
|------------------------|------------------------|---------------------|
| On or Before June 1st | On or Before June 15th | After June 15th |

All cancellations must be made in **writing**.

Cancellations may be submitted to education@chaw.org, in person, or via fax: 202.543.1723

Late Registration & Prorating of Fees

Summer camp prorating of fees is allowed *after* the first day of camp as space is available and with instructor and camp director approval. **In these instances refunds are not available.**

TUITION ASSISTANCE

- Limited tuition assistance is available based on household and responsible party income. **Tuition Assistance forms and information should be submitted along with this registration form.** Applicants with completed forms will be reviewed and notified in a timely manner. Please visit www.chaw.org to download the tuition assistance form or call (202) 547-6839 for more information. •
Medical and behavior forms must be returned to the office along with this registration form before tuition assistance will be processed.

I have included a completed medical form (REGISTRATIONS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS).

I have read the camp policies, refund schedule, and behavioral expectations that accompany this form and agree to the Capitol Hill Arts Workshop's camp policies and procedures.

Signature: _____ Date: _____

**Capitol Hill Arts Workshop
Summer Arts Adventure Camp 2017- Medical Form**

Student Name _____

Pick-Up and Emergency Contact The following people are authorized to pick up my child or to be contacted to act on my behalf in an emergency (*Parents, please do not include yourselves.*)

| Name and Relation | Phone 1 | Phone 2 |
|-------------------|---------|---------|
| | | |
| | | |
| | | |

Confidential Medical Information

Child's Physician _____ Phone _____

Does your child have any medical conditions, illnesses, or physical limitations that might inhibit his or her ability to participate in camp activities? NO ____ YES ____ If yes, please describe:

Does your child take medication that needs to either be taken or available on site during the camp day? NO ____ YES ____ If yes, please describe the medication(s) type and frequency:

Does your child have any allergies to food, medication, bee stings, etc.? NO ____ YES ____ If yes, please list them and describe the treatment for each type of allergic reaction:

Does your child have any other special needs? NO ____ YES ____ If yes, please describe:

Liability Release *Agreement to release assumption of risk and to hold harmless*

I am aware that there are certain inherent risks of personal injury involved in participating in education, recreation, and/or performance activities, including but not limited to the risk of theft, damage to personal property, and/or personal injury. In consideration of my being granted permission for my child/ward to participate in these activities and to use the facilities of the Capitol Hill Arts Workshop, I hereby agree to hold harmless and indemnify the Capitol Hill Arts Workshop, its officers, directors, agents, contractors, sub-contractors, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court and attorney fees), charges, liabilities, and/or exposures, however caused, resulting from, arising out of, or in any way connected with participation by my child/ward in any Capitol Hill Arts Workshop activity. I authorize the Capitol

Hill Arts Workshop staff and medical personnel to take any appropriate and necessary emergency medical actions, which my child/ward may require, in the event that I am unable to be contacted immediately. By signing below, I certify that I have read and understand this agreement to release assumption of risk and to hold harmless, and by my signature, I hereto agree to its terms. I hereby give my child/ward permission to participate in the Arts Workshop's educational, recreation, and/or performance activities.

Parent Signature _____ Date _____

Capitol Hill Arts Workshop SUMMER ARTS ADVENTURE CAMP 2017 - Policies Statement

Young Artist Pledge

I respect myself and others. I honor and cheer on the creativity in others. I care for the PEOPLE and SPACE around me. I am creative and I am CHAWSOME!

- CHAWsome artists: Follow directions
- Listen and follow rules
- Use respectful and gentle language.
- Be kind to themselves.
- Walk and use inside voice building.
- Follow all safety rules at all times.

Behavior Consequences for Students

CHAW implements a "three strike" rule if behavioral issues with a student arise.

1. Student receives a verbal warning from Camp Staff.
2. Student speaks with the Education Coordinator about behavior expectations and makes a plan for meeting them before returning to class.
3. Parents are notified of by phone or at pick up to help plan a corrective course of action.

Van safety infractions such as removing a seatbelt or distracting the driver while in transit will result in a one day suspension. Major or repeated behavioral problems such as verbal or physical abuse are grounds for immediate suspension or removal from the program.

Medical Notification

Please inform the Education Coordinator of any medical or behavioral issues that the faculty need to support the health of your child, including any specific emergency instructions.

CHAW is a **nut free zone** due to the allergies and special needs of many of our students, teachers and staff. Please follow our **"No Nuts" policy (no peanuts or tree nuts)** when preparing a lunch or snack for your children at CHAW.

Non-Discrimination Statement

CHAW is an equal opportunity employer and complies with all applicable federal and local fair employment practices laws. The policy and intent of CHAW are that no employee or potential employee or student will be discriminated against or harassed on the basis of race, color, age, religion, sex, physical or mental disability, marital status, national origin, political affiliation, sexual orientation, perceived or actual gender orientation (including gender nonconformity and status as a transgender or transsexual individual), personal appearance, genetic information, family responsibilities, matriculation, past, current or prospective service in the uniformed services, source of income, place of business or residence, pregnancy, child birth or related conditions or any other characteristic protected under applicable federal or local law. Our goal is to evaluate and treat each employee on the basis of that employee's skills, abilities and performance. All CHAW employees, other workers and representatives are prohibited from engaging in unlawful discrimination. This policy applies to all terms and conditions of employment including, but not limited to, hiring, training, promotion, discipline, compensation, benefits and termination of employment.

Photo/Video/Recording Release

I hereby give my consent to the photographing, videotaping, and recording of myself, my artwork and my performances, or those of my child. CHAW is authorized to use or cause to be used all photography, videotaping, recordings and my name for advertising, publicity, commercial or other business purposes. Others may use and/or reproduce said photographing, videotaping, and recording with or without the CHAW's consent. I release CHAW and its entire staff, faculty, customers, and CHAW's appointed advertising agencies and its staff, faculty, and customers from all claims of any kind on account of such use.

By signing, I acknowledge that I understand and agree to CHAW's policies outlined above and that I have reviewed them with my child.

Parent Signature _____ **Date** _____