

# Capitol Hill Arts Workshop

## SUMMER ARTS ADVENTURE CAMP 2020 – 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 EXPLORATION 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.

	Session 1 June 22-26	Session 2 June 29-July 3	Session 3 July 6-10	Session 4 July 13-17	Session 5 July 20-24	Session 6 July 27-31	Total
<b>Before Care</b> 8:30am – 9:00am	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	\$
<b>Arts Adventures</b> Completed Grades K-5 9:00am - 5:00pm*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475	\$
<b>Jr. Arts Camp</b> PreK Ages 4&5 9:00am – 12:30pm	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	\$
<b>After Care</b> 4:30pm – 5:30pm	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	\$
<b>GRAND TOTAL</b>							\$

\*Lunch is not provided. CHAW is a nut free facility. Please prepare your child's lunch accordingly.

### PERFORMING ARTS/SPECIALTY CAMPS

String Fling! Violin, Viola, Cello Camp: August 24th-28th Mon-Fri 8:30am-12:30pm  \$400

Shake It Off! Dance Camp: TBA

Fashion Camp: TBA

Ceramics Camp: TBA

Photography Camp: TBA

Total: \_\_\_\_\_

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)	\$
<b>Total Balance Due:</b>	

Monthly payment plans are available with a down payment. Payment plan payments are made on the 1<sup>st</sup> or 15<sup>th</sup> 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 202-547-6839 or email [registration@chaw.org](mailto:registration@chaw.org) with any questions.

Check(s) payable to CHAW -----Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVC Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Plans begin in May and run through August for up to 4 installments:

- Pay in Full       Payment plan for 1<sup>st</sup> of the month       Payment plan for 15<sup>th</sup> of the month

**Terms of Discount**

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

- Discount is taken from lowest priced registration ie: higher priced registration pays full price, registrations of equal or lesser value pay discounted price.
- 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 [registration@chaw.org](mailto:registration@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](http://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 2020 - 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 2020 - Policies Statement**

**Behavior Expectations for Students**

**Young Artist Pledge:**

I respect myself and others. I honor my artwork and cheer on the creativity in my classmates. I listen, I share and I care for the PEOPLE and SPACE around me. I am creative and I am CHAWSOME!

1. Please follow directions at all times.
2. Please use kind words and gentle language.
3. Please keep your body to yourself.
4. Please refrain from running/rough housing in the building.
5. Kitchen and office areas are for staff only. Please respect these boundaries.
6. Please use inside voices in the gallery, classrooms and on the van.
7. Please follow all safety rules and regulations at all times.
8. Please stay with your assigned group and leader at all times.

**Behavior Consequences for Students**

Instructors will enforce a "3 Strikes" rule, except in the case of major infractions or incidents.

After a 3<sup>rd</sup> strike, students will speak with the Youth Education Coordinator (YEC).

Speaking with the YEC includes reflecting on how and why behavior expectations were not met and making a plan for meeting them and moving forward before returning to class. Parents will be notified of a 3<sup>rd</sup> strike at pick up or by phone.

Continued behavior issues may result in a loss of certain privileges or suspension from the program.

The staff at the Capitol Hill Arts Workshop reserves the right to dismiss a child who compromises the safety of him/herself or other students or who demonstrates physical or verbal violence toward a student or teacher on his or her first offense.

**Medical Concerns**

- Please inform the Program Coordinators of any medical or behavioral issues that the staff and faculty should know, including any specific emergency instructions relevant to your child.
- 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.

**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.

CHAW prohibits discrimination on the basis of non-merit factors such as race, color, age, religion, sex, disability, marital status, national origin, political affiliation, sexual orientation, personal appearance, family responsibilities, matriculation, source of income, place of business or residence, pregnancy, child birth or related conditions.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

