

Summer Arts @ the Ix & the Bridge 2006

Please use a separate Registration Form for each applicant (this form may be photocopied) & return with payment to:

Summer Arts @ the IX & the Bridge
University of Virginia Art Museum
PO Box 400119
Charlottesville, VA 22904-4119

Program Costs

Program costs are per student, per session. A \$100 deposit is due with registration and full payment is due June 1, 2006. We cannot refund full tuition once paid.

Are you a Museum member? Yes No

Before June 1, 2006

- Museum members \$275
- Non-museum members \$350

After June 1, 2006

- Museum members \$295
- Non-museum members \$355

Number of sessions

Subtotal Due \$ _____

Additional Services

- Lunch available daily \$ 25/session
- Museum Family Membership \$ 60

Subtotal Due \$ _____

Total Due \$ _____

Please remit \$100 to reserve \$ 100.00

Balance due June 1 \$ _____

- Check, make payable to U.Va. Art Museum
- Visa MasterCard American Express

Credit card number _____

Cardholder name, please print _____

Signature _____

Exp. Date _____

How did you hear about Summer Arts? _____

For more information

tel 434.243.2050

email summerarts@virginia.edu

web www.virginia.edu/artmuseum

Child's Name _____ Nickname/Preferred name _____

Gender male female _____
 Birth Date _____ Age _____ Grade Entering Fall 2006 _____

School attended spring 2006 _____ School attending fall 2006 _____

Did your child attend Summer Arts last year? Yes No

I am registering for: **Session I** June 19-30 | Why We Create
 Session II July-21 | Resolving the Conundrum
 Advanced Academy July 32-Aug. 4 | Advanced Academy

Name of Parents/Guardians _____

Address _____ City _____ State _____ Zip Code _____

Daytime phone _____ Evening phone _____

Cell phone _____ Email address _____

If different address than above during part of week, please list name, address, telephone of Parent/Guardian _____

Persons other than Parent/Guardian authorized to pick up child.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Please describe any special educational needs your child has (including accelerated learning, learning disabilities, emotional or behavioral disorders). This information will help our staff provide the best instruction necessary for each student.

Medical conditions or allergies _____

Physician's name _____ Phone _____

Emergency contact #1 _____ Phone _____

Emergency contact #2 _____ Phone _____

We hereby give permission for _____ to participate in the Summer Arts @ the Ix and the Bridge program offered through the University of Virginia Art Museum on University of Virginia grounds in Charlottesville, VA. We give permission to authorized personnel of Summer Arts @ the Ix and the Bridge program to make a record of our child's activities (e.g. videotape, photos) while engaged in Program activities; we understand that the material obtained may be used for publicity, education and training purposes which would benefit future programs. We give permission for our child to attend field trips away from University grounds in program supplied transportation. We give permission for Program Staff to give basic first aid treatment (excluding medications) to our child if he/she becomes hurt/injured during program activities. We further agree to pick up our ill child if notified. We further understand that all information maintained by the Summer Arts @ the Ix and the Bridge program is confidential and may not be released without expressed consent. It is also understood that our child may be dismissed without refund if breaches of rules and regulations occur, and we assume responsibility for damage to University property brought about by our child.

Parent/Guardian name, please print _____ Signature _____ Date _____

Parent/Guardian name, please print _____ Signature _____ Date _____