

# Summer Arts @ the Museum 2007

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

**Summer Arts @ the Museum**  
**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, 2007. Refunds are not possible after June 1, 2007.

Are you a Museum member?  Yes  No

### Sessions I & II Before June 1, 2007

- Museum members \$450  
 Non-museum members \$500

### After June 1, 2007

- Museum members \$500  
 Non-museum members \$550

### Advanced Academy

- Museum members \$250  
 Non-museum members \$275

### Number of sessions

**Subtotal Due** \$ \_\_\_\_\_

### Additional Services

- Lunch available daily \$ 30/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 \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

How did you hear about Summer Arts?

- Ad  Camp Expo  Friend  Web  
 Other \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname/Preferred name \_\_\_\_\_

Gender  male  female \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade entering fall 2007 \_\_\_\_\_

School attended spring 2007 \_\_\_\_\_ School attending fall 2007 \_\_\_\_\_

Has your child attended Summer Arts in the past?  Yes, Year \_\_\_\_\_ |  No

I am registering for:  **Session 1** July 9–20  
 **Session II** July 23–Aug. 3  
 **Advanced Academy** Aug. 6–10 \*  
 **Scholarship applicant** \*

\*Please fill out additional application information.

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 your 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 Museum 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 Museum 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 Museum 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 \_\_\_\_\_

Registration Form