

ARTSCAPE REGISTRATION FORM 2017



JULY 5 - AUGUST 11, 2017

Please complete this Registration Form in its entirety in order to register your child for **ARTScape Summer Camp** at Harlem School of the Arts for Summer 2017. The summer camp program will begin **Wednesday, July 5, 2017** and conclude on **Friday, August 11, 2017**. Parents are also responsible for submitting a signed copy of the **Student Medical Form 2017**, complete all other registration documents (Conduct & Discipline, Swimming Permission Slip, Photo/Video Consent, Emergency Contact and Trip Itinerary). **ALL FORMS MUST BE SUBMITTED IN PERSON. Final payment and other registration documents for ARTScape Summer Camp are due no later than Friday, June 16, 2017.**

OFFICE USE ONLY

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Day | <input type="checkbox"/> Session A |
| <input type="checkbox"/> Half Day | <input type="checkbox"/> Session B |
| <input type="checkbox"/> Full Summer | <input type="checkbox"/> Session C |

CAMPER INFORMATION *Please print*

Today's Date: ____ / ____ / ____

A separate registration form must be completed for each member of a family registering for ARTScape 2017.

Name _____ Age (by July 5, 2016) _____ Grade _____

Female Male Camper's DOB ____ / ____ / ____ New camper Returning camper 1199

Address _____

City _____ State _____ Zip _____ School _____

Parent/Guardian's Name #1 _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

LUNCH *Choose One* My child will bring their own lunch Free DOE Food Nutrition Program Lunch

T-SHIRT SIZE S (4-6) M (7-8) L (10-12) XL (14+) OTHER _____

Two (2) t-shirts provided to each camper per session (must be worn to camp daily)

EMERGENCY CONTACT:

Name _____ Relationship _____

Mobile Phone _____ Work Phone _____ Email _____

AUTHORIZED PICK-UP*

Name _____ Relationship _____ Mobile Phone _____

Name _____ Relationship _____ Mobile Phone _____

***Only adults over the age of 18 are authorized to pick up campers. Only the adult listed will be permitted to pick up your camper in addition to the Parent/Guardian. Any child going home with an escort must be at least 10 years of age.**

EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made by HSA to contact me.

Parent/Guardian Name _____ Signature _____
(Please Print)

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MEDICAL & SOCIAL HISTORY

Doctor's Name _____ Phone _____

Medical Insurance _____ Policy _____

Allergies (Medication, Foods, etc) _____

Please list any Medical Problems, including diagnosis _____

Is your child currently on any medications, including inhalers? Yes No If yes, name of medication _____

If yes, does the medication need to be taken during camp hours? Yes No

If yes, written permission must be submitted by the guardian allowing your child or a camp counselor to administer.

Is your child taking a break from any medication this summer? _____

Please list any behavioral issues that would be helpful for us to know about _____

CAMP PRICING

SESSION COST *Check All That Apply*

	FULL DAY (8:30am-4:30pm)	HALF DAY (8:30am-12noon)	TOTAL
<input type="checkbox"/> Full Summer (6 weeks)	\$2,600.00	\$1,732.00	\$ _____
<input type="checkbox"/> Session A (July 5–July 14)	\$866.00	\$578.00	\$ _____
<input type="checkbox"/> Session B (July 17–July 28)	\$866.00	\$578.00	\$ _____
<input type="checkbox"/> Session C (July 31–August 11)	\$866.00	\$578.00	\$ _____
		SUBTOTAL	\$ _____

ADD-ONS (OPTIONAL)

			ADD
<input type="checkbox"/> Early Drop Off (7:30–8:30am)	\$110 per session x (# of sessions)	=	\$ _____
<input type="checkbox"/> Late Pick Up (4:30–6:00pm)	\$165 per session x (# of sessions)	=	\$ _____

An additional fee of \$10.00 daily will be applied after 6:01pm. After 6:45pm, your child will be escorted to nearest police precinct AS PER THE ACS PARENT GUIDE.

TOTAL AMOUNT \$ _____

TERMS AND CONDITIONS

ARTScape Summer Camp 2017 Term: The ARTScape Summer Camp season begins **July 5, 2017** and concludes on **August 11, 2017**. Please note that final tuition payments for the ARTScape Summer Camp 2017 semester at the Harlem School of the Arts are due no later than **June 16, 2017**. Unpaid balances as of June 16, 2017 will result in a camper not participating in ARTScape Summer Camp 2017. Any registration form accepted after **June 16, 2017** deadline will pay a one-time payment of tuition fees.

Withdrawal Policies and Fees: Once a camper has registered, the payer of the student account is responsible for FULL payment of the classes for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so within the first two (2) weeks of the semester by the following methods:

- Submit a withdrawal or cancellation request **via email** to cancellations@hsanyc.org.
- Submit a withdrawal or cancellation request **in writing** to Harlem School of the Arts (HSA),
Attn: Registration Cancellations, 645 Saint Nicholas Avenue, New York, NY 10030.

Refunds are only available one month prior to July 5, 2017, minus a **\$100.00 administration fee**. **After July 5, 2017, NO REFUNDS WILL BE MADE.**

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FORMS OF PAYMENT

HSA accepts cash, bank certified checks, money orders, MasterCard, Visa, American Express and Discover Card for tuition payment. **Returned checks and failed automatic payments are subject to a \$50.00 fee.**

Agreement made as of (date) _____ and between (parent) _____ and the Harlem School of the Arts (HSA), with its principle place of business at 645 Saint Nicholas Avenue, New York, New York 10030. I, (parent name) _____ agree to pay the full tuition in the amount of \$ _____ for my selected payment option below.

ARTSCAPE SUMMER CAMP 2017 TUITION SCHEDULE

FULL 6 WEEK CAMP SESSIONS	Payment #1 - 50% of TOTAL Cost of Camp Tuition Due at Registration Payment #2 - 25% Due on May 16, 2017 Payment #3 - Remaining Balance Due June 16, 2017
4 WEEK CAMP SESSIONS	Payment #1 - 50% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on May 16, 2017 Payment #3 - Remaining Balance Due June 16, 2017
2 WEEK CAMP SESSIONS	Payment #1 - 50% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due May 16, 2017 Payment #3 - Remaining Balance Due June 16, 2017

*Please note that any unpaid balances as of June 16, 2017 will result in camper not participating in ARTScape Summer Camp 2017

METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your camp tuition.

Please select a preferred method:

PAY IN FULL NOW I WILL MAKE REGULAR PAYMENTS ON OR BEFORE THE LISTED TUITION PAYMENT DATES.

Parent/Guardian Name (Please Print) _____ Parent Signature _____

NEED PAYMENT PLAN (Payment Plan Enrollment Form below.)

*Does not release you from payment obligation; **REQUIRES CREDIT CARD and AUTOMATIC PAYMENT PLAN ENROLLMENT. FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE. UNPAID BALANCES AS OF JUNE 16, 2017 WILL RESULT IN CAMPER NOT PARTICIPATING IN ARTSCAPE SUMMER CAMP 2017.**

PAYMENT PLAN ENROLLMENT

Please complete the credit card authorization information below. **FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE.**

I authorize the Harlem School of the Arts (HSA) to charge my credit card for payment(s) for the payment plan I have selected above. I understand that my credit card on file will be automatically charged on the dates listed above. I also understand that failed automatic payments are subject to a \$50.00 penalty.

Indicate payment method: Cash (in person only) Visa MasterCard Discover AMEX

I authorize the credit card indicated below to be charged in the amount of \$ _____

Cardholder Name _____ Credit Card # _____

Expiration Date (MM/YY) _____ Sec. Code (CVV) _____

Cardholder Signature _____ Date _____

I have read and accept the Terms and Conditions and the Tuition Payment Overview stated above. I understand that regardless of whether my child withdraws from the school for any reason during the term, I am responsible for the payment of full tuition, charges, and fees. If additional courses are added after this agreement is signed, I am responsible for the adjusted monthly payment amount and must have a new payment plan contract signed. I understand that regardless of the financial aid package the school offers or provides, I remain obligated to pay all tuition, charges, and fees. My signature below acknowledges approval of these terms.

Signature of Parent/Guardian: _____ Date: _____

DISCLOSURE OF PERSONAL INFORMATION

HSA may disclose the personal information of a student and/or his/her parent/guardian (including, but not limited to, name, address, school, grade, age, phone number, and email address) to HSA's employees for purposes of providing and facilitating the education of the student. Those purposes include, for example, personalizing the student's educational services at HSA, addressing the student's individual interests, communicating information about HSA's activities and programs, or registering or enrolling the student in HSA courses. HSA will avoid disclosing the student and/or his/her parent/guardian's personal information to any third party unless the student (if 18 years or older) or the student's parent/guardian has consented to such disclosure, or HSA is required to do so by law or to comply, for example, with legal process or a court order.