

Sarasota Academy of the Arts
4466 Fruitville Road
Sarasota, FL 34232
SUMMER CAMP 2017
REGISTRATION FORM

Name of Student _____ Birth Date _____ (M/F) _____

Address _____

Phone # _____ Soc. Sec. # _____ Grade Entering (17/18) _____

This contract is an agreement between Sarasota Academy of the Arts and the parent/guardian of the above named student for Summer Camp 2017. There is a \$15 registration fee that must be paid when this signed agreement is returned. The rate for summer camp is \$200 per session and students need to bring their lunch. Two private lessons are available per session at the cost of \$50.

This is a 9:00 AM to 5:00 PM camp, with music/musical theater in the morning hours and academics (reading, math, technology, science), sports and art in the afternoon. Extended care for the hours of 7:00 AM to 9:00 AM and 5:00 PM to 6:00 PM will be \$25 per week.

Payments in the form of cash or checks are accepted in the SAA office. You may also pay with a debit or credit card on line at <https://squareup.com/store/saa-summer-camp>. (The volunteer computer in the SAA office can be used to make payments on line.)

Since there are limited spots, payment is due no later than two weeks before the Monday of each session of summer camp that your child attends. Participation is on a first come, first serve basis.

Check all that apply:

My child will attend camp on the following weeks:

(Instruments must be provided by student; rental available through Fogt's Music)

_____ 6/12/17-6/23/17 Brass and Woodwinds (**Payment due May 29th**)

_____ My child will attend 7:00 AM – 9:00 AM Before Care

_____ My child will attend 5:00 PM – 6:00 PM After Care

_____ 7/10/17-7/21/17 Drums (**Payment due June 26th**)

_____ My child will attend 7:00 AM – 9:00 AM Before Care

_____ My child will attend 5:00 PM – 6:00 PM After Care

_____ 7/24/17-8/4/17 Musical Theatre (**Payment due July 10th**)

_____ My child will attend 7:00 AM – 9:00 AM Before Care

_____ My child will attend 5:00 PM – 6:00 PM After Care

I, _____, parent or guardian of the above named student, agree to the conditions and regulations as set forth herein. I further agree to pay all bills as they become due. The parent or guardian, in signing this contract, agrees that the student is responsible for adhering to the rules of the school. I realize that in signing this contract I make a commitment to Sarasota Academy of the Arts to pay Summer Camp 2017 with the payment method which I have selected.

Signature of Parent or Guardian financially
responsible for student (Mother)

SS# _____

Address _____

Occupation _____

Email _____

Date _____

Signature of Parent or Guardian financially
responsible for student (Father)

SS# _____

Address _____

Occupation _____

Email _____

Date _____