

FCCA Summer Camp Registration - Please Print Clearly

725 Atlantic Blvd., Ste 20, Atlantic Beach, FL 32233 * 904-247-5151* www.firstcoastcenterforthearts.com
firstcoastcenterforthearts@gmail.com

Camper's Name _____ Age _____ DOB _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Mom/Dad Phone (circle one) _____ Mom/Dad Phone (circle one) _____

Email _____

Please list any person(s) other than Parent/Guardian who is approved to pick up your child

Medical Concerns or needs _____

Please mark below your choice for camp

___ Full days (9am-3pm) = \$180 ___ Half days (9am-12) = \$120

___ Single Full day \$45 ___ Single Half Day \$30

Photo Release: I grant permission for First Coast Center for the Arts Inc. and its agents or employees to use photographs and/or video for use in promotional and educational materials such as brochures, newsletters, advertisements and magazines, and to use such photographs in electronic versions of the same publications or on First Coast Center for the Arts Inc. website or other electronic forms of media, and to offer them for use or distribution.
_____ (Initial if yes or write decline if no)

2023 Summer Camp

Please check the week(s) you are registering for:

___ June 12-16, 2023 ___ July 10-14, 2023

___ June 19-23, 2023 **FULL** ___ July 17-21, 2023 **FULL**

___ June 26-30, 2023 **FULL** ___ July 24-28, 2023 **FULL**

Medical Release and Waiver of Liability

Application will not be complete until this form is signed and returned. I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc., and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

Signature of Parent or Guardian

Date

Same day drop offs are subject to availability and a \$25 same day drop off fee in addition to the weekly camp tuition.

***\$50 non-refundable** deposit per camper per week is required and due with registration. The deposit is applied to camp tuition. The non-refundable balance of the tuition is due on or before the first day of camp.

Credit Card Number _____ Exp Date _____

Zip Code _____ CVC# _____ Printed Name _____

Signature _____ Date _____

By signing, you are authorizing FCCA to withdraw your non-refundable deposit(s) on the day of registration as well as the non-refundable balance due no later than the first day camp.

Office Use Only

Total Amt Due _____

Deposit Due _____

Deposit Pd Date _____

Remaining Due _____

Balance Pd Date _____