



121 B Pleasant Street S.W.  
 Vienna, Virginia 22180  
 Phone: 703.242.4401  
[register@fasca.org](mailto:register@fasca.org)

Office use only
New Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Code: _____
Registered by: _____

**Summer Camp 2011 Registration Form** (Page 1 of 2)

Please complete all forms and mail or drop off at FASCA Studio at the above address in downtown, Vienna.

**Student Information**

Today's Date.....

Please check  New  Returning **Gender**  Female  Male **T-Shirt Size Please circle one:** YS YM YL S M

L

**First Name** ..... **Middle Name**..... **Last Name**.....

**Nick Name** ..... **Date of Birth**.....

**School Attending** ..... **Native Language** .....

**Parent or Guardian Information**

Mother/Guardian

**First Name** ..... **Last Name**.....

Street Address..... City.....State..... Zip Code.....

Home Phone (.....) ..... Work Phone (.....) ..... Cell Phone (.....) .....

Employer ..... Contact E-mail .....

Employer Address ..... City.....State..... Zip Code.....

Father/Guardian

**First Name** ..... **Last Name**.....

Street Address..... City.....State..... Zip Code.....

Home Phone (.....) ..... Work Phone (.....) ..... Cell Phone (.....) .....

Employer ..... Contact E-mail .....

Employer Address ..... City.....State..... Zip Code.....

Emergency Contact

**First Name** ..... **Last Name**.....**Relation** .....

Home Phone (.....) ..... Work Phone (.....) ..... Cell Phone (.....) .....

Street Address..... City.....State..... Zip Code.....

**Health/Medical Information & Authorization**

Please be sure to submit Health/Medical & Immunization form and with this registration form. This form must be prepared by your children's primary care physician. You may download this from [fasca.org](http://fasca.org)

**Physician Name/Address**.....**Phone #** .....

**Dentist Name/Address**.....**Phone #** .....

Health Insurance Provider ..... ID Number ..... Group Number.....

Medical concerns/Allergies ..... Date of Last Tetanus Booster \_\_\_/\_\_\_/\_\_\_

As the parent/legal guardian of above named student I request that in my absence he/she would be taken to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians, nurses, to perform diagnostic procedures, operative procedures, and x-ray treatment of the above-named minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above student. I further Authorize The Noble Architect Foundation faculty & staff to provide first aid medication for my child if necessary.

Signature of Parent/Guardian..... Date \_\_\_/\_\_\_/\_\_\_



**Summer Camp 2011 Registration Form** (Page 2 of 2)

**Foundation for Academics, Science, Computers & the Arts, FASCA**

This Summer FASCA offers a rich selection of courses to the rising Kindergarten through rising 8<sup>th</sup> grade students. Our enrichment programs give the students the ability to participate in programs that stimulate their minds and thrives their imaginations. Our camps may also include field trips to advance the development the knowledge and expertise of our campers. Afternoon and day camps include exciting field trips to the Museums, Water Parks and the Performing art centers in the area.

In addition to our all-year-round programs, we offer a wide range of summer activities from **Computer Programming** to **Robotics** to **Model-making**, to **Fine Arts** to **Academic Programs** to entertain children's sense of curiosity. Please choose from the following programs.

**Daily Summer Camp Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30 – 12:00	Morning Camp					Regular Programs, Birthday Parties and private tutoring
12:00 – 1:00	Lunch					
1:00 – 4:30	Afternoon Camp					
4:30 – 6:00	Late Pick up additional charges apply					

Weather permitting, daily activities and site visits may vary; we plan to visit local museums and most historic parks. Visiting Wolftrap Foundation for Performing Arts Center & Kennedy Center for the Performing Arts is subject to early registration due to tickets availability. We may alter field trips to provide the most appropriate activity to our camp students. Final schedule is provided during the first week of each camp. We reserve the right to cancel classes if they do not meet our minimum number of applicants.

**Summer Camp 2011 Registration Form**

Returning Student  Yes  No If Yes, please provide student ID: \_\_\_\_\_

**Full-Day Camp 8:30 – 4:30 P.M. Morning Camp 8:30 – 12:00 P.M. Afternoon Camp 1:00 – 4:30 P.M.**

Please indicate your child's age group (K-2<sup>nd</sup> grade, 2<sup>nd</sup> to 6<sup>th</sup> grade, 3<sup>rd</sup> to 6<sup>th</sup> grade, etc...) and your desired camp date by placing X mark in the boxes below. **Please print camp names clearly**

Camp Dates June-Aug	Age Group Please Print	Camp Program Please print camp name clearly	Full-Day Camp \$375.00	Morning Camp \$195.00	Afternoon Camp \$195.00	2-week computer Programming \$375.00	Late Pick Up \$60.00	Total Tuition
6/20–6/24								
6/27 – 7/1								
7/1 – 7/8								
7/11 –7/15								
7/18 – 7/22								
7/18 – 7/29	4 <sup>th</sup> -8 <sup>th</sup> Gr.	Programming; 2-week Morning Camp	-----	-----	-----		-----	\$375.00
7/25 – 7/29								
8/1 – 8/5								
8/8 – 8/12								
8/15 – 8/19								

**Make checks payable to: FASCA**  
**And mail to FASCA Studio:**  
**121-B Pleasant Street SW**  
**Vienna, Virginia 22180.**

Total Tuition charges	
Add \$45.00 Non Refundable Registration Fee (New Students)	
Add \$30.00 Non Refundable Registration Fee (Returning Students)	
Additional T-Shirts \$15.00 each	
Subtotal	

**Registration Guidelines**

1. Registration fees are \$45.00 for new and \$30.00 for returning students.
2. Each student must complete and submit a separate registration form.
3. This registration form serves as a contract between you and The Imagination Tree FASCA. You are responsible for all payments, fees and tuition installments.
4. No refunds after June 1<sup>st</sup>, 2011. No-shows are responsible for payments. No credit for no-shows, sick leave or early pick up!

Ongoing account statements are provided upon request; please send e-mail to [register@fasca.org](mailto:register@fasca.org) for account statements.

**General Policy**

1. We reserve the right to cancel classes that do not meet minimum enrollment requirements.
2. We reserve the right to provide substitutes for any/all instructors for any reason throughout the session(s)/year.
3. You hereby give permission to The Imagination Tree, FASCA to use student photos and videos for promotional purposes.

**Please read:** I have read and fully understand and agree to the registration policies and the financial requirements set forth in this form. I accept full responsibility for any and all charges and fees associated with this registrant. There will be a \$35.00 fee for returned checks.

Signature of Parent/Guardian.....Name (Print).....Date \_\_\_/\_\_\_/\_\_\_