



June 6 – 29, 2017
Tuesday, Wednesday & Thursday
9:00 – 3:30 PM

LUNCH WILL BE PROVIDED!!
Water bottle & Snacks encouraged

REGISTRATION FORM
FORMULARIO DE INSCRIPCION

STUDENT'S INFORMATION / INFORMACION DEL ESTUDIANTE

Name / Nombre: _____ [] Boy / niño [] Girl / niña

Age / Edad: _____ Grade / Grado Escolar: _____ School / Escuela: _____

Address / Domicilio: _____
Street / Calle City / Ciudad State / Estado Zip /Codigo postal

Mailing address / Direccsion de envio: _____
P.O. Box City / Ciudad State / Estado Zip /Codigo postal

Has the student attended TCA's Summer Arts Program?
Su hijo(a) a hasistido al Programa de Artes de verano anteriormente? [] Yes / Si [] No / No

The Center of the Arts welcome children of all abilities. Making us aware of any special needs or conditions helps to ensure that your child has an exciting and memorable camp experience. Please also list any known ALLERGIES / MEDICATIONS other special request:

El centro de artes acepta ninos de todos los niveles. Haciendonos consciente de las nesesidades y/o condiciones especiales ayuda a asegurar que su hijo(a) tenga una experiencia memorable del programa. Por favor anote tambien cualquier ALERGIA / MEDICAMENTOS u otra peticion especial que devamos saber:

PARENTS/ GUARDIAN'S INFORMATION / INFORMACION DE LOS PADRES

Name(s) / Nombre(s): _____

Email / Correo Electronico: _____

Phone numbers / Numeros de telefono: () Home / Casa:
() Work / Trabajo: () Cell / Movil:

In case of accident or serious illness, I request that I/we be contacted. I hereby give permission for emergency medical treatment. I agree to assume all costs related to such treatment. I hereby waive and release the Tubac Center of the Arts staff, teachers, and volunteers from and against all claims and medical legal costs associated from my child's program participation.

En caso de accidente o enfermedad grave, solicito que yo / nosotros seamos contactados. Doy permiso para el tratamiento médico de emergencia. Estoy de acuerdo en asumir todos los costos relacionados con dicho tratamiento. Por el presente renuncio a todas las reclamaciones hacia el personal, maestros y voluntarios del Centro de Arte en Tubac de gastos legales asociados médicos de participación en el programa de mi hijo(a).

Parent/ Guardian Signature: _____ Date: _____
Firma del Padre of tutor: Fecha:

[] Please check here if you and / or your child do not wish to be photographed for press, grants and publicity purposes.
Favor de marcar aqui si usted y/o su hijo(a) no desea ser fotografiado con fines de presna, subvenciones y publicaciones.



9 Plaza Rd. Tubac, AZ 85646 520.398.2371 www.tubacarts.org
P.O. Box 1911 Tubac, AZ 85646 520.398.9511Fax education@tubacarts.org

WEEKS ATTENDING / SEMANAS DE ASISTENCIA

Week 1: **June 6 - 8**
Semana 1: Del 6 - 8 de Junio

Week 3: **June 20 - 22**
Semana 3: Del 20 - 22 de Junio

Week 2: **June 13 - 15**
Semana 2: Del 13 - 15 de Junio

Week 4: **June 27 - 29**
Semana 4: Del 27 - 29 de Junio

TUITION / INSCRIPCION

4 Weeks: \$200

3 Weeks: \$165

2 Weeks: \$115

1 Week: \$60

I would like to make a donation to the
TCA Summer Program \$ _____

Check enclosed (Payable to Tubac Center of the Arts)

Credit Card: Master Card Visa

Card Number: _____

Exp. Date: _____ CVV: _____

Total Class Fees: \$ _____

Cardholder's Signature: _____

Refunds are available only 10 business days prior to the first day of class, The Center of the Arts will retain a 25% administrative fee.
Reembolso sólo estará disponible 10 días hábiles antes del primer día de clase, el centro de Artes retendrá un cargo administrativo de 25%

SCHOLARSHIPS / BECAS

Full and partial need-based scholarships are available under the following criteria:

Becas completas y parciales son basadas en las necesidades y serán consideradas bajo la siguiente criterio:

- Limited to one full scholarship per family / *Limitado a una beca completa por familia*
- If more than one child per family attends, based on case by case, we may offer partial scholarships.
Si hay más de un hijo por familia asiste, sobre la base de caso por caso, podemos ofrecer becas parciales.
- Evidence encourage: Participation in free/reduced school lunch programs, social security assistance, food stamps, etc. *Se recomienda probar evidencia: participación en programas gratis / almuerzo escolar, asistencia de seguro social, estampillas de alimento, etc.*

Are you applying for a scholarship / *Esta solicitando para beca?* Yes / *Si* No / *No*

Occupation/workplace (Mother / Guardian1) *Ocupación de Madre* _____

Occupation/workplace (Father / Guardian 2) *Ocupación del Padre* _____

Family Annual Income / *Ingreso Anual* \$ _____ Dependents / *Dependientes* _____

Does the student qualifies for free/reduced lunch? Yes / *Si* No / *No*

Su hijo(a) califica para almuerzo gratis/parcial?

Other information you would like us to consider / *Otra información que le gustaría que consideremos:*

OPTIONAL DEMOGRAPHIC INFORMATION

To help support arts education programs at TCA, please answer the following questions about the student's demographics. This information is optional and will be used for grant reporting only.

Does the student qualify for free/reduced lunch? Yes / *Si* No / *No*

what School District do they attend? _____

What is the student's race/ethnicity? _____

WHERE TO SEND YOUR REGISTRATION FORM

EMAIL TO:
education@tubacarts.org

MAIL TO:
P.O. BOX 1911 Tubac, AZ 85646

HAND DELIVER TO:
9 Plaza Rd. Tubac, AZ 85646