



Summer Arts Program 2023

Dates: June 6 - 29, 2023

Del 6 -29 de Junio, 2023

3 Days per Week: Tuesday, Wednesday, & Thursday

3 días por semana: Martes, Miércoles & Jueves

Time: 9:00am - 12:00pm & 1:00pm - 4:pm

Horario es de 9:00am - 12:00pm & 1:00pm - 4pm

Classes are held in the Center of the Arts' galleries. All children must be signed in and out of the center by a parent or guardian. Class sizes are limited; therefore advance registration is required. Enrollment cannot be guaranteed until FULL payment is received. Phone registration assistance is available. Las clases se llevaran a cabo en las galerías del Centro de Arte. Todos los niños deberán ser registra dos diariamente a la entrada y salida, por el padre(madre) o tutor. El cupo en las clases son limitadas; por lo que se requiere inscripción previa. La inscripción no puede ser garantizada hasta que se reciba el pago COMPLETO. La asistencia de registro telefónico está disponible. 520-398-2371

REGISTRATION FORM / FORMULARIO DE INSCRIPCION

STUDENT'S INFORMATION / INFORMACION DEL ESTUDIANTE

Name / Nombre: _____

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

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

Mailing address / Dirección postal: _____
P.O. Box City / Ciudad State / Estado Zip / Código postal

Has the student attended TCA's Summer Arts Program? Yes / Si No / No

Su hijo(a) a asistido al Programa de Artes de verano anteriormente?

The Center of the Arts welcomes 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. El Centro de Artes acepta niños de todos los niveles. Haciéndonos consciente de las necesidades y/o condiciones especiales ayudara a asegurar que su hijo(a) tenga una experiencia memorable del programa.

Allergies / Alergias _____

Medications / Medicamentos _____

Other / Otro _____

PARENT/CUARDIAN'S INFORMATION / INFORMACION DE LOS PADRES

Name(s) / Nombre(s): _____

Email / Correo Electrónico: _____

Phone numbers / Números de teléfono: (____) _____ 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 o tutor seamos contactados. Doy permiso para el tratamiento médico de emergencia. Estoy de acuerdo en asumir todos los costos relacionados con dicho tratamiento de mi hijo(a). Por la presente renuncio a todas las reclamaciones hacia el personal, maestros y voluntarios del Centro de Arte en Tubac de gastos: médicos o legales que pudieran presentarse durante el programa.

Parent/ Guardian Signature: _____

Firma del padre o tutor:

Date: _____

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 patrocinios y prensa.

WEEKS ATTENDING / SEMANAS DE ASISTENCIA

The afternoon session will focus on creating sets, costumes, and rehearsals for a play culminating in a final performance on June 29th at 5pm. Due to the nature of the program we are asking anyone registering for the afternoon session committ to all four weeks. * See below for scholarship information.

Week 1: **June 6 - 8** *Semana*

1: *Del 6 - 8 de Junio*

morning afternoon

Week 2: **June 13 - 15**

Semana 2: Del 13 - 15 de Junio

morning afternoon

Week 3: **June 20 - 22**

Semana 3: Del 20 - 22 de Junio

morning afternoon

Week 4: **June 27 - 29**

Semana 4: Del 27 - 29 de Junio

morning afternoon

TUITION / INSCRIPCION

4 Weeks: \$200

2 Weeks: \$100

Check enclosed / *Incluya cheque*
(Payable to Tubac Center of the Arts)

3 Weeks: \$150

1 Week: \$50

Paid Online

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

Total Class Fees: \$ _____

SCHOLARSHIPS / BECAS

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

Becas completas y parciales son basadas en las necesidades y seran consideradas bajo el 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 asistirá más de un hijo por familia, según su caso, podemos ofrecer becas parciales.

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

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

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

Other information you would like us to consider / *Otra información que le gustaría añadir para nuestra consideración.*

OPTIONAL DEMOGRAPHIC INFORMATION / INFORMACION OPCIONAL

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*

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

What School District does he/she attend / *A que distrito Escolar asiste su hijo(a)?* _____

What is the student's race/ethnicity / *De que grupo etnico es su hijo(a)?* _____

SEND YOUR REGISTRATION FORM TO / ENVIAR EL FORMULARIO DE REGISTRACION A:

EMAIL TO:

operationsmanager@tubacarts.org

PHONE: 520-398-2371

MAIL TO:

Summer Arts Program
Tubac Center of the Arts
P.O. Box 1911
Tubac, AZ 85646

HAND DELIVER TO:

Tubac Center of the Arts
9 Plaza Road
Tubac, AZ 85646