

SPARC REGISTRATION FORM/SUMMER 2009

Please complete all the information on this registration form. If paying by check, make payable to SPARC and MAIL TO:

SPARC
2106-A N. Hamilton Street
Richmond, VA 23230

Or FAX form and credit card number to: 804-359-9045.

IMPORTANT

- ❖ Full or half tuition is due with this registration form. Student is registered only upon receipt of payment and form.
- ❖ Some financial aid is available. **To be considered, please include a non-refundable \$15.00 processing fee with this registration form. Do not include any other money with this form.** When we receive this registration form and your \$15.00, we will send you a financial aid application. Financial aid applications are due by **May 1, 2009.**

____ I would like to request a financial aid application for full or partial tuition. My \$15.00 processing fee is included.

- New Student
- Returning Student

STUDENT NAME _____ NAME STUDENT GOES BY _____

ADDRESS _____ CITY _____ STATE/ZIP _____

HOME PHONE _____ CELL/OTHER PHONE _____

MAIN EMAIL ADDRESS _____ SCHOOL ATTENDING _____

DATE OF BIRTH _____ AGE _____ GRADE _____

MALE/FEMALE _____ RACE* _____

MOTHER FIRST/LAST NAME _____ FATHER FIRST/LAST NAME _____

MOTHER EMPLOYER/ _____ MOTHER WORK PHONE _____

FATHER EMPLOYER _____ FATHER WORK PHONE _____

EMERGENCY CONTACT _____ CONTACT PHONE _____

Please describe any health problems or concerns that we should be aware of with your child. If necessary, provide detailed instructions on a separate sheet in case of an emergency.

May SPARC use photographs taken of your child in our flyers, brochures, and newsletters for publicity purposes? ___ Yes ___ No

*Certain governmental entities and private foundations that provide grants to SPARC request information about the ethnicity of our student body. We do not disclose information about any individual student's race or ethnicity, but do provide such information about our student body in the aggregate when required/requested to do so. You are under no obligation to provide this information, and doing so will not affect your application.

CHOOSE YOUR CAMP!

*Note: There are two (2) sessions of the SPARCLERS camp – June 15 – July 3, & July 6 – July 24. Please indicate which session you plan to attend, and if the student will attend in the morning, afternoon, or both. There is only one (1) session of BRAVO (June 22 – July 17). For more information, please refer to our Summer camp flyer.

NOTE: For SPARCLERS Campers – If a camper wants to attend BOTH morning and afternoon at one location, the parent will need to provide supervision from NOON – 1:00 PM, as it is not an all-day camp option.

CAMP NAME _____ LOCATION _____ SESSION _____

(for SPARCLERS only) MORNING (9-12), AFTERNOON (1-4), or BOTH

I AM ELIGIBLE FOR ONE OF THE FOLLOWING DISCOUNTS:

- Early Bird Discount – 20% off (Before April 1st)
- Early Bird Discount – 10% off (Between April 1st & May 1st)
- Our family is registered for more than one camp this summer (\$25.00 off each additional student signed up)

*NOTE – Early Bird discounts may not be used with any other SPARC discounts (Family Discount, etc)

PAYMENT INFORMATION

- CHECK ENCLOSED
- PLEASE CHARGE MY CREDIT CARD (VISA/MASTERCARD/DISC)

CREDIT CARD # _____ EXP. DATE _____

NAME ON CARD _____

PARENT OR GUARDIAN SIGNATURE _____ PLEASE PRINT NAME _____

REGISTRATION POLICIES

SPARC is a not-for-profit, tax-exempt, cultural and educational organization which does not discriminate on the basis of race, color, ethnic or national group, gender or disability.

REGISTRATION CONFIRMATION/RECEIPT: Students are registered upon the receipt of registration form and at least half payment. Confirmations will be sent when an email address has been provided. To receive written confirmation of reenrollment or a receipt for the class, please send a self-addressed, stamped envelope with registration materials.

SPLIT PAYMENT PLAN: All class tuitions may be split. Both payments may be made by credit card or check. First payment will be due with registration. If you pay with a credit card, the second payment will be automatically processed on or after July 1, 2009.

RELEASE AGREEMENT: I, the undersigned parent/guardian, hereby authorize my child to attend SPARC summer camp(s). By this, I agree to be responsible for all medical bills, costs, and expenses (including ambulance services) incurred in providing necessary care to my child, and I authorize the direct billing of my health insurance carrier noted below. In cases of emergency, SPARC shall act merely as my agent and neither SPARC, nor the staff shall incur any liability for the good faith exercise of the authority granted by this Release and Medical Authorization.

I hereby agree to enroll my child in the SPARC program for Summer 2009. I agree to pay the full class tuition for the camp(s) I have registered him/her for. I also understand that collection measures will be pursued to obtain any outstanding balance.

I understand that to withdraw this student from their camp, I must notify the SPARC office manager by telephone or in person on or before **June 22, 2009 for SPARCLERS**, and before **June 30 for BRAVO** in order to be eligible for a refund. In addition, a written request, which includes the student's name, camp name/session, and amount paid, must be sent to the SPARC office to confirm this student's withdrawal. If I do not withdraw this student from their camp prior to the withdrawal date(s), he/she will remain enrolled for the summer, and I will be responsible for the full semester tuition.

Parent/Guardian Signature _____ Date _____

Insurance Policy Carrier _____ Policy Number _____

