

## MexArt Registration Form

Applicant Name:					Male:	Female:
DOB:					Current Grac	le:
Email:						
Street Address:						
City			State		Zip	
Home Phone:						
Indicate a Ses	sion:					
🗌 Art Se	ession: S e Session: S	Gunday, June 30, 2 Gunday, June 30, 2 Gunday, June 30, 2	2013 to	Saturday, J Saturday, J Saturday, J		\$3900 \$3900 \$2600
Parent 1 Name:						
Email:						
Cell Phone:						
Occupation:						
Parent 2 Name:						
Email:						
Occupation						
Cell Phone:						
Name and age of	siblings:					
Name of current	school:					
How did you hear	about MexArt?					
What summer pr	rograms have you a	attended?				
Art/Dance Intere	ests:					
Spanish Fluency:						
None	🗌 1 yr	2yrs	] 3yrs	4yrs		Fluent
MexArt 580	)2 Bob Bullock Loop Suite	C1 Laredo, TX 7804	41 (2	02)391-0004	carly@gon	nexart.com <b>OVE</b>



## MexArt Registration Form

Please explain any medical problems, special situations, dietary needs (vegetarian? Allergies?) Or individual needs of participant:

Please list your after-school or extra-curricular activities (i.e. Music lessons, classes, clubs, etc...).

**Essay:** The essay is very informal and is merely a way for our administrative staff and summer directors to get a feel for who you are. Do Not Stress! You are not being graded here. Have fun with it.

Please attach a few paragraphs describing yourself and explaining why you want to participate in this program and what you hope to gain from the experience.

## **Conditions and Terms of Enrollment**

A \$750.00 USD non-refundable deposit must accompany this registration form to guarantee a space for a participant. The balance of fees are to be paid in full by May 1st, 2013 for summer programs or December 15th, for semester sessions or cancellation of enrollment will result. Students enrolling after balance-due dates should make full payment at the time of enrollment. MexArt reserves the right to dismiss disruptive or abusive participants or participants who show signs of physical or emotional difficulties that MexArt does not feel capable of supervising. There will be no refunds issued for early departure related to disciplinary problems, health, or family emergencies.

I hereby authorize any physician selected by a MexArt director to order x-rays, routine tests, and other medical treatment needed for the health of my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the director to hospitalize, secure proper treatment, and to order injections, anesthesia, and/or surgery for my child. Family insurance or the family is responsible for coverage of medical treatment.

Permission is granted to MexArt, with no additional charge, for the use of photographs, video clips, or written work of students for promotional purposes or MexArt materials after the season ends.

I agree to hold harmless and not responsible for any injury, incident, or accident MexArt, its employees and organizers.

The cash account fee, charged separately from the tuition, is a flat-rate fee of \$200 USD which allows participants to have \$50 a week of personal spending money which may be used for internet access, local entertainment, souvenirs, and snacks. Participants may feel more comfortable traveling with some extra spending money for arrival/departure travel days.

Transportation may be arranged in conjunction with MexArt staff or other participating families or participants may arrange for transportation independently. Families are responsible for the cost of flights, but MexArt will arrange to pick up all participants from the Leon, BJX airport.

l understand and agree to the above: Parent name:	Signature:	
Date:		

Payment & Enrollment: MexArt will only reserve a space for a participant when payment for the deposit has been received. MexArt accepts checks in US currency. Make checks payable to MexArt. Cancellation of enrollment results if payment of the balance is not received by May 1, 2013.

Please Submit Registration Form & \$750 Deposit to:

Carly Cross / MexArt 5802 Bob Bullock Loop Suite C1 Laredo, TX 78041