

SUMMER CAMP

ALEXANDRIA ACADEMY OF FINE ARTS AND SCIENCE

311 NORTH WASHINGTON ST.

June 12-16

10:00 –12:00 Tiny Dancers™ "Angelina Ballerina"*	3-5 years old	\$260.00
12:30 -3:00 An afternoon of exploration	3-5 year olds	\$275.00

June 19-23

9:00-11:00 Kindermusik® "Adventures"	3-5 year olds	\$250.00
11:15-12:15 Art*	3-5 year olds	\$125.00
1:00-3:00 Tiny Dancers™ "Once Upon a time"	3-5 year olds	\$260.00

June 26-30

10:00-12:00 Tiny Dancers™ " Fairy Tale Adventure"	3-5 year olds	\$260.00
12:30-3:30 Art and the Artists (introduction to art history and art)	5-8 year olds	\$275.00

July 10 - July 21 **two week camp**

1:30-4:00 Overture to Broadway (art, movement and drama) This camp will culminate in a production by the children	5-8 year olds	\$500.00
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July 10-July 14

10:00 -12:00 Tiny Dancers™ " Animal Adventures"	3-5 year olds	\$260.00
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July 17-21

9:00-11:00 Kindermusik® "Adventures"	3-5 year olds	\$250.00
11:15-12:15 Art	3-5 year olds	\$125.00

July 24-28

10:-12:00 Tiny Dancers™ and Art*	3-5 year olds	\$325.00
12:30 -3:00 An afternoon of exploration	3-5 year olds	\$275.00

- a snack and beverage will be provided in classes of two hours or more
- For an extra \$15:00 you can leave your child for lunch between these classes. Please provide lunch box.

PLEASE RETURN FORM TO

ALEXANDRIA ACADEMY OF FINE ARTS AND SCIENCE

P.O. Box 19884

Alexandria, VA. 22320-0884

Further information alexacademy.com

Please call 703-836-6664 or email at

AAFAS1@aol.com with any questions.

Child's name.....

Date of birth.....

Special interests.....

Current school.....

Parent's name

Address

City

State and zip

Phone/ Email

Allergies/ Special needs.....

Emergency contacts

Name.....Phone.....

Name.....Phone.....

Check no.....

Credit card information

(Visa/MasterCard).....

..... (exp.Date).....

Medical Permission: (must be signed by the parent or guardian)

I authorize the School, in an emergency when I cannot be contacted, to act on my behalf in regard to the health, safety, and well-being of the Student. If deemed necessary, this shall include taking the Student to the nearest emergency room or hospital. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of the Student. I agree to release and indemnify Alexandria Academy of Fine Arts and Science from any and all liability arising out of a good faith decision made by the School in this regard and agree that I am responsible for all medical costs.

Signature:.....Date.....

- tuition must accompany application
- checks made payable to AAFAS
- no refunds
- a late fee of \$30 will be added to any balance unpaid as of June 3, 2006