

# **Soumas Heritage School of Music**

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## **Summer Camp 2009 Registration Form**

### **Personal Information:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ [ ] Male [ ] Female

Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Special Needs: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Child will be picked up by:

(1) \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

## Account Information:

<b>1 Camper</b> Registration Fee:	\$ 35.00
Weekly Tuition	\$130.00
Extended Day Fee (4:00 PM – 6:00 PM Pick-up)	\$ 20.00

<b>2 Campers</b> Registration Fee	\$ 50.00
Weekly Tuition	\$220.00
Extended Day Fee (4:00 PM – 6:00 PM Pick-up)	\$ 30.00

<b>3 Campers</b> Registration Fee	\$ 75.00
Weekly Tuition	\$330.00
Extended Day Fee (4:00 PM – 6:00 PM Pick-up)	\$ 40.00

**Deposit:** \_\_\_\_\_

**Deposit Date:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

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## Payment Policy

A non-refundable registration fee of \$35.00 must be paid in order to secure a space in the Summer Camp.

All tuition and fees for Summer Camp must be paid by **the Thursday of the previous Camp Week.** Failure to do so will result in discontinuation of enrollment in Summer Camp.

***I have read and understand the above policies:***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Office Use Only:

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# Soumas Heritage School of Music

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME \_\_\_\_\_ :

Age: \_\_\_\_\_

Address: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicine(s) Child is Taking: \_\_\_\_\_

Medicine(s) Child is Allergic to: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_

CHILD'S INSURANCE: \_\_\_\_\_

Company/HMO: \_\_\_\_\_

Group Number: \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

### The following steps will be followed in an emergency

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - (a) Call for emergency first aid assistance/transportation aid assistance/transportation
  - (b) Call another physician
  - (c) Have the child transported to any emergency hospital in the company of a staff member.

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

# Soumas Heritage School of Music

## Photo Permission Form

### Permission to Photograph Child

I give my permission for \_\_\_\_\_ to be photographed and/or videotaped for activities related to Soumas Heritage School of Music. This includes snapshots which may include my child that may be published for public relations and press purposes, etc.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Soumas Heritage School of Music

## Blanket Permission for Walking Trips

I give my permission for \_\_\_\_\_ to  
participate in Walking Trips related to the Soumas Heritage School of Music Summer Camp.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_