

# NJWA Summer Arts Workshop

July 9 - July 27 2018

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Male/Female (circle one)    DOB \_\_\_\_\_    Grade as of Sept. \_\_\_\_\_

## Parent Information

Parent's Name(s) \_\_\_\_\_

Cell Phone \_\_\_\_\_    Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## Camp Selections

Each Camp is \$695 per person per camp or \$1345 for two camps per person (Chamber + a morning camp)

\$295/week option available for all Camps. Elementary Artists has a per subject option available at \$275 for all three weeks.

Camp Name	Age/Grade Range	Time	Check Here
Young Explorers	Ages 4-6 Entering Jr-K - 1st Grade	8:30 - 12:30	
Elementary Artists	Ages 7-10 Entering 2nd-5th Grade One subject option available	8:30 - 12:30	
Virtuoso Chamber	Ages 8 - 18 Entering 3rd - 12th Grade	1:00 - 4:00	
Jam-A-Rama Band	Ages 11-18 Entering 6th - 12th Grade	8:30 - 12:30	
Spotlight Drama	Ages 11-18 Entering 6th - 12th Grade	8:30 - 12:30	

Continued: ->

**Extended All-Day Care Options**

Early Morning Drop-off	7:30 AM	\$125 for all three weeks or \$10 per day	
YMCA Afternoon Adventures	12:30-4:30	\$550 all three week or \$200 per week	
Chamber Morning Care (applies to Chamber Camp Only)	8:30-1:00	<i>Choose a morning camp above or <b>contact me with other YMCA options</b></i>	

\*Late pickup option available directly through YMCA

\*Extended Care not available with “One-subject” option of Elementary Artists

**Tuition**

\$30 Registration Fee - Waived for current active NJWA Music Studio students

- + Total of Camps
- + Total of Extended Care

**Total Tuition:** \_\_\_\_\_

Checks payable to “NJWA” Mail Application to:  NJWA Summer Workshop 150-152 East Broad St Westfield, NJ 07090	<p><b>or Charge Info:</b></p> Visa/Amex/MC # _____  Exp Date _____ CRV Code _____  Signature _____
--	--

**Student** \_\_\_\_\_

1. Allergies (Food/Medicine) \_\_\_\_\_

2. Medical Condition Yes\_\_\_ No\_\_\_ List \_\_\_\_\_

3. Asthma/Wheezing Yes\_\_\_ No\_\_\_ Triggers \_\_\_\_\_

4. Chicken Pox Yes\_\_\_ No\_\_\_

5. Contact Lenses Yes\_\_\_ No\_\_\_

6. Physical Limitations Yes\_\_\_ No\_\_\_ Specify \_\_\_\_\_

7. Immunizations up to date? Yes\_\_\_ No\_\_\_

Medications \_\_\_\_\_

*Please include the name of the medications and the reason for taking them.*

**Note:** *If a child is to be given medications during the Workshop, a Physician's note is required. All medications must be in the original container. No medications will be given without this order and the appropriate container. Forms are available upon request.*

Notes \_\_\_\_\_

### In Case of Emergency

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance \_\_\_\_\_ ID/Group # \_\_\_\_\_

*If a parent/guardian cannot be reached in case of a medical emergency, consent is hereby given that my child may receive medical and/or surgical care as recommended by the physician or hospital. The NJWA Summer Workshop does not assume liability for the aggravation of a pre-existing medical condition.*

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