



STUDENT REGISTRATION FORM

Student Information

Last Name _____ First Name _____

Address _____

Male/Female (circle one) DOB _____ Age as of July _____

Parent Information

Parent(s) Name(s) _____

Cell Phone _____ Work Phone _____

Email _____

How Did You Hear About Us? _____

Camp Selections

Each camp is \$695 per person per camp for all three weeks. Each individual week of camp is \$295 per person.

JULY 8-26, 2019 ♪ 8:30-12:30

Camp Name	Age Range	3 Weeks (check)	1 or 2 Weeks (check)	1 or 2 Weeks Only: Specify Which Week(s)
Young Explorers	4-6			
Elementary Artists	7-10			
Virtuoso Chamber Camp	8-18			
Jam-A-Rama!	11-18			

Extended All-Day Care Options

Check

Early Morning Drop-Off	7:30 am	\$125 for full 3 weeks OR \$10 per day (Credit card number required)	
Afternoon Adventures at the Y	12:30-4:30 pm	\$595 for full 3 weeks OR \$215 per week*	

*Late pickup option available (for add'l fee) directly through YMCA

Tuition

\$30 registration fee (waived for current Music Studio students)

+ Camp Tuition

+ Extended Care Tuition

= _____ **Total Tuition**

<p>Make Checks Payable To: "NJWA"</p> <p>Mail Application To: NJWA 150-152 E. Broad St. Westfield, NJ 07090</p> <p>Fax: (908) 789-9101</p>	<p>Credit Card Information:</p> <p>Visa/MC/Amex #: _____</p> <p>Exp. Date: _____</p> <p>CRV Code: _____</p> <p>Signature: _____</p>
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Photographs and/or videos of the student named on Page 1 taken during the Summer Arts Workshop may be used in various forms of publicly released media such as websites, social media platforms, advertisements, brochures, posters, etc. Please **check here:** ___ if you do NOT give permission for photos/videos of your child to be used in such media.

CONTACT US: (908) 518-1551 / njwa.summerworkshop@gmail.com
www.njwasummerworkshop.com

Please fill out the Student Health Form (next page) and return it with your completed application.

Continued...

SUMMER ARTS WORKSHOP STUDENT HEALTH FORM

Student: _____

1. Allergies: _____

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 a Physician's note and the appropriate container.*

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 a physician or hospital. The NJWA Summer Arts Workshop does not assume liability for the aggravation of a pre-existing medical condition.

Signature: _____ Date: _____