



STUDENT REGISTRATION FORM

Student Information

Last Name _____ First Name _____

Address _____

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

Parent Information

Parent(s) Name(s) _____

Cell Phone _____ Work Phone _____

Email _____

Camp Selections - Early Registration Pricing (Extended Through 3/30/2020)

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

JULY 6-24, 2020 ~ 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			

Continued...

Extended All-Day Care Options

Check

Early Morning Drop-Off	7:30 am	\$125 for full 3 weeks OR \$10 per day	
Afternoon Adventures at the Y	12:30-4:30 pm	\$695 for full 3 weeks OR \$240 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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Please fill out the Student Health Form (next page) and return it with your completed application.

CONTACT US:

(908) 518-1551

njwa.summerworkshop@gmail.com

www.njwasummerworkshop.com

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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:** _____