

# INTRO TO THE PERFORMING ARTS CAMP – 2008– APPLICATION

**Site (check one):** Holmesburg \_\_\_ Waterview \_\_\_ Hawthorne \_\_\_

LAST NAME:	FIRST NAME:	MALE ___ FEMALE ___
HOME ADDRESS		
CITY	STATE	ZIP CODE
DATE OF BIRTH		AGE
HOME TELEPHONE NUMBER		
MOTHER/GUARDIAN'S FULL NAME		
MOTHER/GUARDIAN'S PHONE (DAY)		(EVENING)
FATHER/GUARDIAN'S FULL NAME		
FATHER/GUARDIAN'S PHONE (DAY)		(EVENING)
SCHOOL		GRADE THIS PAST YEAR
NAME AND PHONE NUMBER OF EMERGENCY CONTACT		
EMERGENCY CONTACT'S RELATIONSHIP TO CAMPER		
ARE YOU A RETURNING CAMPER?		IF YES, HOW MANY SUMMERS
LIST ANY EXPERIENCE, INSTRUCTION, OR FORMAL TRAINING YOU HAVE RECEIVED IN THE PERFORMING ARTS. _____ _____		
IF YOU ARE INTERESTED IN EXTENDED AFTER HOURS CARE (2:00-5:00PM), PLEASE CHECK THIS BOX. (THE FEE IS AN ADDITIONAL \$30 PER WEEK) <span style="float: right;"><input type="checkbox"/></span>		
PLEASE LIST ANY MEDICAL PROBLEMS OR CONDITIONS OF THIS CAMPER THAT THE STAFF SHOULD BE MADE AWARE.		
IS THIS CAMPER CURRENTLY TAKING ANY MEDICATION? IF YES, PLEASE EXPLAIN.		
CIRCLE THIS CAMPER'S T-SHIRT SIZE.  <b>CHILD MEDIUM (10-12)    CHILD LARGE (14-16)    ADULT SMALL    ADULT MEDIUM    ADULT LARGE</b>		
PLEASE LIST THE NAME, RELATIONSHIP TO CAMPER, & PHONE NUMBER OF THOSE <b>ADULTS</b> AUTHORIZED TO PICK UP YOUR CHILD AT THE END OF EACH DAY		
Name	Relationship to Camper	Phone Number(s)
1.		
2.		
3.		

<b>FOR OFFICE USE ONLY</b>	
<b>TUITION</b>	<b>AFTERCARE</b>

