

# (Academy of the Gifted) Summer Camp Arts Program 2017

## REGISTRATION FORM

Date \_\_\_\_\_

### PARTICIPANT INFORMATION: Please type or print legibly.

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

Gender: ☐ Female ☐ Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Grade attending for year 2018: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Meals: Breakfast, Lunch & Snack will be provided by the school.**

**Important:** If your child has any food allergies you will need to provide their snacks.

**Payments:** Tuition may be paid by cash; check or credit card.

Make the check payable to: **Academy of the Gifted**

**Weekly Academy Fees: \$60 Registration fee: \$60**

### Contact Information

For more information call 704-750-1397 or 704-691-7730

Email: [academyofthegifted@gmail.com](mailto:academyofthegifted@gmail.com)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**I understand that the registration fee is due at the time of registration. The 1<sup>st</sup> payment will need to be paid in advance. Each additional payment will be due on the Friday before or Monday of the start of the week (no exceptions). We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Academy of the Gifted every day.**

### **DROP OFF AND PICK UP**

Pick up time:

- ~~At 6:00pm~~ ~~At 6:00pm~~
- A \$1 fee will be charged for every minute past 6:00pm.

### **REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Academy of the Gifted** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

### **PARENT STATEMENT**

I hereby state that (student's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Academy of the Gifted**. I hereby release **Academy of the Gifted employee's and its staff** from liability to the above named, of the person claiming through him/her, arising from injury to the person or property of the above named occurring on the premises of **Academy of the Gifted**, including any event sponsored or sanctioned by **Academy of the Gifted** and or travel to and from such activities.

I understand that **Academy of the Gifted**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the academy, etc.) or becomes involved in any activity or with any persons not associated with **Academy of the Gifted**, or its scheduled program and that **Academy of the Gifted**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

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

# (Academy of the Gifted) Summer Arts Program 2017

## STUDENT EVALUATION FORM

Date \_\_\_\_\_

**PARTICIPANT INFORMATION:** Please type or print legibly.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:** ☐ Female ☐ Male **Age:** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade attending for year 2017-2018:** \_\_\_\_\_

**IS THERE ANYONE WHO CAN NOT PICK YOUR CHILD UP?**

\_\_\_\_\_  
\_\_\_\_\_

**LIST THOSE WHO CAN PICK YOUR CHILD UP IN YOUR ABSENCE:**

**FULL NAME:**

**TELEPHONE:**

\_\_\_\_\_  
\_\_\_\_\_

**TALENT INTEREST:** *Select All That Apply*

- |                                 |                                  |   |                                  |
|---------------------------------|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Drums  | <input type="checkbox"/> Theatre | <input type="checkbox"/> Digital Arts (Photographer/Graphics) | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Dance   | <input type="checkbox"/> Music Production                     | <input type="checkbox"/> Piano   |

**EXPERIENCE:** *Select All That Apply*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**IS YOUR CHILD INTERESTED IN AN ART THAT WE DO NOT OFFER?** ☐ YES

**IF YES, WHAT ART IS YOUR CHILD INTERESTED IN?** \_\_\_\_\_

**HOW DID YOU DISCOVER THE ACADEMY OF THE GIFTED?**

- |  |                                   |                                  |                                 |
|--|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Facebook/Social Media | <input type="checkbox"/> Referral | <input type="checkbox"/> Website | <input type="checkbox"/> Google |
|--|-----------------------------------|----------------------------------|---------------------------------|