

Creative Arts at Park

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CAAP CAMPER APPLICATION 2010

Full Name of Child _____ Nickname _____ Boy or Girl (Circle one)

Date of Birth _____ Age (as of July 1, 2010) _____ Grade in School Sept. 2010 _____ School _____

Address: _____

Phone (home): _____

Parent/Guardian #1 _____ Relationship #1 _____

Phone (cell) #1 _____ Phone (Work) #1 _____

E-mail: #1 _____

Parent/Guardian #2 _____ Relationship #2 _____

Phone (cell) #2 _____ Phone (Work) #2 _____

E-mail: #2 _____

Address #2 (if different) _____

Billing Address (if different from above) Name: _____

City/State/Zip: _____

PROGRAM DATES: Enrollment for the full five week session: 6/28/2010 - 7/30/2010
For partial camp enrollment, please contact the director.

FEES: \$400 Registration fee per child (must accompany this application). This is credited toward tuition.
\$2980 Tuition per child (due when accepted, less the deposit. Non-refundable, see below)
In addition, fees for certain other services may be charged (e.g., bus transportation)

TUITION ABATEMENT APPLICATION is available upon request of the CAAP office. This form must be received by the office no later than February 1. Even if you request a Tuition Abatement Form, you must send in the registration fee with this application. Do not delay your application. File it as soon as possible.

RELEASE OF CAMPER INFORMATION: We occasionally use photographs, audio and video of campers in promotional materials, including print and the Internet (our web site). We do not use the names of campers, unless written permission is granted by the parent or guardian. If you would like to specifically grant or deny this permission, please request a *Release of Camper Information* form.

PARENT/GUARDIAN AUTHORIZATION: If I can not be reached in an emergency, I hereby authorize the physician selected by CAAP to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the child named above. I further agree to release and hold harmless, the CAAP staff and the physician selected by CAAP from any liability arising out of such emergency treatment.

NOTE: THE "EMERGENCY MEDICAL INFORMATION" FORM & PHYSICIAN'S REPORT (if possible) MUST BE ATTACHED TO YOUR COMPLETED APPLICATION. Applications missing an Emergency Medical Information form will be considered incomplete.

I HAVE READ THIS APPLICATION CAREFULLY AND UNDERSTAND THE POLICY CONCERNING THE TERMS OF ENROLLMENT. I also understand that once an application is accepted **tuition is non-refundable** for reasons including, but not limited to, incomplete attendance, failure to attend, dismissal, voluntary or involuntary withdrawals. I also give my permission for my child's photograph, audio and video to be used in promotional materials, as described above.

Signature (Parent/Guardian) _____ Date _____

Please return completed application and registration fee to Creative Arts at Park, 171 Goddard Ave., Brookline, MA 02445