

2010 ANMS Summer Creative Arts Program Application

Fees: Two Week Session \$875, (NONREFUNDABLE deposit \$250)

Four Week Session \$1,600 (NONREFUNDABLE deposit \$500)

Two Week Session Dates: (Please circle) Session I, July 5-July 16 Session II, July 19-30

Name of Participant

1. _____

Last _____ **First** _____
Middle _____

Date of Birth _____ / _____ / _____ sex: M or F Grade Sept 2010 _____

Previous camp experience: (if any) _____

Parent/Guardian: Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Tel (H) _____ (W) _____ Cell _____

Email _____

AUTHORIZATIONS: The health history is current, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me, and the examining physicians.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/children as named above.

***Additionally I (give/do not give) permission for my child's picture and name to appear in media publications about the program. Neither Child's name nor family name will be published.**

The All Newton Music School reserves the right to expel, without refund, any child whose behavior is not acceptable to the standards of the program. Behavioral guidelines are available on request.

I have read ANMS rules and regulations with my accepted registration form I agree to abide by them. I agree to accept responsibility for charges and fees.

PAYMENT INFORMATION:

Cash Check Visa Mastercard Amex

Card # _____

Expiration date _____ / _____ V code _____

Tetanus shot last received: _____/_____/_____

Special considerations:

**If you wish to affirm that the ANMS Summer Program is a good match for your child, please call to schedule a meeting with Director Kim Petot before submitting your application. (617-527-4553 ext 103)

Parent/Guardian Signature_____

*** Please submit this health form for each participant with application NOW.**

*** Submit Physician's Health Records along with full payment by March 29, 2010**

Please return this application & health form with NONREFUNDABLE deposit to:
ANMS Summer Creative Arts Program

**321 Chestnut St.
West Newton, MA 02465**

**Telephone: (617) 527-4553
FAX: (617) 527-7710**