

2012 ANMS MUSIC EXPLORERS Program Application

Weekly Sessions from 9:00am to 3:00pm.

Session	Theme	Dates	Fee	
Session I	Little Mermaid	June 25-June 29	\$195	
Session II	Mulan	July 2-July 6	\$156	Closed 7/4
Session III	Once Upon This Island	July 9-July 13	\$195	
Session IV	Beauty and the Beast	July 16-July 20	\$195	
Session V	Into the Woods	July 23-July 27	\$195	

PLEASE PRINT:

Last Name of Child (Participant)	First	Middle
Date of Birth _____ / _____ / _____	sex: M or F	
Parent/Guardian: Last Name _____ First Name _____		
Address _____		
City _____	State _____	Zip _____
Tel (primary) _____	(secondary) _____	Cell _____
Email _____		

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 and with my accepted registration form I agree to abide by them. I agree to accept responsibility for charges and fees.

The health history is current, and the person herein described has permission to engage in all prescribed program 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.

Parent/Guardian Signature	Date
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PAYMENT INFORMATION: Check Visa Master Card Amex

Card # _____

Expiration date _____ / _____ Security Code _____

<p>PLEASE RETURN THIS APPLICATION WITH:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent Health Form <input type="checkbox"/> Physician's health records <input type="checkbox"/> Photo Authorization <input type="checkbox"/> NON-REFUNDABLE deposit (\$50 per session) 	<p>TO: ANMS MUSIC EXPORERS PROGRAM 321 Chestnut St. West Newton, MA 02465</p> <p>Telephone: (617) 527-4553 FAX: (617) 527-7710</p>
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2012 ANMS MUSIC EXPLORERS Parent Health Form
Return with Application, along with copy of Physician's health records

PLEASE PRINT:

<hr/>	<hr/>	<hr/>
Last Name of Child (Participant)	First	Middle
<hr/>	<hr/>	<hr/>
Date of Birth	Sex	Grade (Sept. '12)
<hr/>	<hr/>	<hr/>
Parent/Guardian: Last Name	First Name	
<hr/>	<hr/>	

In Case of EMERGENCY, please list in priority the phone number YOU can be reached at:

1. _____ (H/W/Cell)
2. _____ (H/W/Cell)
3. _____ (H/W/Cell)

In case you are unreachable, please list emergency back up person:

<hr/>	<hr/>
Last Name	First
<hr/>	<hr/>
Relationship	
<hr/>	
Telephone	
<hr/>	

HEALTH HISTORY:

Allergies: _____

Insect stings _____

Food _____

Other: _____

Tetanus shot last received: _____ / _____ / _____

Special considerations: _____

If you wish to affirm that the ANMS MUSIC EXPLORERS 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)

<hr/>	<hr/>
Parent/Guardian Signature	Date

2012 ANMS MUSIC EXPLORERS – Photo Authorization
Return with Application

I allow ANMS full use of photographs/video taken of my registered child at all school-sponsored programs and functions.

I do not allow ANMS full use of photographs/video taken of my registered child at all school-sponsored programs and functions.

Child's Name

Parent/Guardian Signature

Date

Print Name

How did you hear about ANMS Music Explorers Summer Program (circle all that apply)?

ANMS Brochure mailed to my home

ANMS Website

ANMS Facebook Page

ANMS faculty recommended the program

Non-ANMS teacher recommended the program

A friend

Boston Parents Paper "Camp and Summer Expo" held on Jan. 7th

Boston Parents Paper "Family Survival Guide" publication

Boston.parenthood.com Virtual Camp Fair online

Ad in Newton Tab

Ad in my local paper _____

Ad online- Newton Patch

Ad online- Wicked Local (Newton, etc)

Other: