



SUMMER 2009
Music and Performing Arts Camps
(Ages 5-14)

Date: _____

A. PARTICIPANT INFORMATION (Please Print)

Name: _____ Date of Birth _____ Male ___ Female ___

Address: _____

City _____ State ___ Zip _____ Home Phone (____) _____

Parent Email: _____

Parent's/Guardian Name (s) _____

Cell Phone (____) _____ Work Phone (____) _____

How did you hear about us? ___ Website ___ Search Engine ___ Ad ___ Other

Referral Program: Did someone specifically recommend camp to you?

Name _____ Phone (____) _____ Email _____

Are you a returning participant? Yes ___ No ___

B. PROGRAM REGISTRATION – Choose your sessions (full day 9am-3pm; half day 9am-12:30pm; 1:30pm-4pm)

___ *Session 1 (June 29-July 2): Disney Stage and Screen. FULL DAY ages 5-11

___ Session 2 (July 6-10): Hannah Montana/Miley Cyrus. FULL DAY ages 5-11

___ Session 3 (July 13-17): Wizards of Oz and Waverly Place. FULL DAY ages 5-11

___ Session 4 (July 20-24): Broadway in Connecticut FULL DAY ages 5-14

___ Session 5 (Aug 3-7):

___ Session A (morning): Piano Camp Beginners Half Day ages 5-11

___ Session B (afternoon): Keyboard Ensemble Intensive Half Day ages 10-14

___ Session 6 (Aug 10-14):

___ Session A (morning): Strings Camp Beginners Half Day ages 5-11

___ Session B (afternoon): Strings Ensemble Intensive Half Day ages 10-14

___ Session 7 (Aug 17-21):

___ Session A (morning): Webkinz Half Day ages 5-11

___ Session B (afternoon): Twilight Half Day ages 10-14

* Session 1 is Monday-Thursday only, due to the July 4th holiday weekend.

C. PAYMENT INFORMATION

\$235 full day (sessions 2, 3, and 4)

\$195 full day (session 1 only)

\$175 half day (sessions 5, 6, and 7)

Tuition includes snacks and all materials; students bring a bag lunch if full day; all students should bring a water bottle daily with their name on it.

1. \$_____ Payment Enclosed for above marked camps
2. \$_____ Registration Fee (\$10 per student OR \$15 per family siblings)
3. -\$_____ *Minus sibling discount, multi-week discount (\$10)*
4. -\$_____ *Minus registration fee if you are currently enrolled in another MusicMakers program*
5. -\$_____ *Early bird discount \$20 off full day; \$10 off half day*
(must register at least 1 month prior to the start of your first session; no exceptions)
6. -\$_____ *Other coupons or discounts (returning campers may take \$20 off)*
7. \$_____ **TOTAL PAYMENT ENCLOSED**

D. PAYMENT METHOD: (please check off which method you are using)

Personal Check or Money Order (payable to MusicMakers, LLC): Check # _____

Credit Card: ___ MC ___ Visa ___ Discover ___ American Express

Card #: _____ Exp. Date _____

Billing Address _____ City _____

State _____ Zip _____ Name listed on card _____

Signature _____ Date _____

Disclaimer: Personal Checks—Make checks payable to MusicMakers, LLC. Please include the Participant’s name. Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment can be made by credit card or money order. **Refunds**—If you need to cancel after enrolling, your tuition is refundable minus a \$25 handling fee. Due to the extensive preparations, MusicMakers cannot offer refunds within 2 weeks of, or during, any camp session. No credits will be given for any reason, at any time.



2009 APPLICATION FORM _____

Please tell us a little about yourself by answering the following questions.

1. Do you take any classes in the performing arts or play a musical instrument? Yes ___ No ___

If so, describe your activities:

Have you ever been involved in plays, musicals, or performing ensembles such as band, chorus, or orchestra in your school or community theater?

Yes ___ No ___ If so, describe your experience:

2. Have you ever seen a professional production of a play, musical, or live musical performance? Yes ___ No ___

If so, what show(s) have you seen?

3. Do you take private lessons in voice or instruments (if applicable)?:

Name of School/Store/Studio: _____

Name of Music Teacher: _____

4. Do you like to sing solo, or prefer to sing with a group of people?

_____ Solo _____ With a Group

5. Do you take dance or acting lessons? If so, where?



2009 MEDICAL RELEASE _____

MusicMakers is committed to providing individual attention to each participant who attends our program. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation.

Participant Name _____

Birthdate _____ Parent/Legal Guardian _____

Day Phone (____) _____ Work Phone (____) _____

Family Doctor _____ Telephone (____) _____

Does your child wear glasses and/or contacts? _____

Please list any injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc: _____

Please list any medical restrictions or allergies: _____

Please list any medications your child is taking or any other information that we should be aware of:

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication in its prescription bottle for the entire week of the camp. Also include additional instructions, if any, for administering the medication.

Parent/Guardia Initials: _____

Instructions:

If your child needs to take aspirin or Tylenol, please initial below, giving us permission to administer the medication: _____ Please send your child in with a week's supply of aspirin/Tylenol.



EMERGENCY CONTACTS _____

Participant Name: _____

Please provide information for 3 emergency contacts who we may call if we cannot get in touch with you:

1. Name: _____ Relationship to Child _____

Phone 1: _____ Phone 2: _____

Town in which this person resides and/or works: _____

2. Name: _____ Relationship to Child _____

Phone 1: _____ Phone 2: _____

Town in which this person resides and/or works: _____

3. Name: _____ Relationship to Child _____

Phone 1: _____ Phone 2: _____

Town in which this person resides and/or works: _____



2009 SIGN OUT RELEASE _____

MusicMakers ends each day at promptly at the release time (3pm for full day camps; 12:30pm and 4pm for half day camps). In order to insure the safety of all of our participants, we will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. You must come inside to sign in/out your child; we will not send children outside to meet their caregivers. There will be a before care and/or after care fee of \$10 per hour (or part of the hour) assessed for participants arriving more than 15 minutes before, or for being picked up more than 15 minutes late.

Please complete this portion of the registration by filling out the section(s) that apply to you.

Participant Name: _____ **Phone (____)** _____

I will be picking up my child at the end of each day.

Parent/Guardian Name _____ Phone (____) _____

I give the following person/s permission to pick up my child.

Name _____ Telephone () _____

Name _____ Telephone () _____

I, the undersigned, am aware and agree that once my child leaves, MusicMakers is no longer responsible for his/her whereabouts, actions or welfare.

_____ Date _____
Parent or Legal Guardian (Print Name)

_____ Date _____
Parent or Legal Guardian (Signature)