



**ST. JOHN SCHOOL OF THE ARTS
ARTS CAMP (AGES 4 – 6)
With Katia Moltisanti
Summer Arts Program 2017
June 19 – August 4**

Enrollment Application

Print clearly

Student's Full Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ E-mail Address _____

Mailing Address _____

Emergency Contact & Phone _____

Medical Conditions of student if any: _____

Person Responsible for Tuition Payment _____

Authorization for Emergency Medical Treatment

The undersigned, being the parent or legal guardian of _____, hereby, place said minor in the custody of the St. John School of the Arts ("the School") solely for the purposes of authorizing emergency medical care for said minor while he/she is on the premises of the School for instructional purposes, and hereby voluntarily acknowledge and consent to a representative of the School exercising such authority as may be necessary to obtain emergency medical treatment for such minor in the event I/we cannot be contacted. The undersigned further waives and releases the School and its agents from all liability arising from exercising such authority in a medical emergency. **Medication or food allergies?** _____

Signature of Parent/Guardian _____ Date _____

**Tuition
Varies by Group:**

(Please circle to indicate which group your child will be attending)

Tues & Thurs \$150 / Mon, Wed & Fri \$225 / Mon thru Fri \$350

Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____

Registration: Ongoing. Monday–Friday: 9:00 a.m. – 3:00 p.m. Early registration is recommended.

SJSA reserves the right to suspend any student due to poor attendance, or continued disruptive behavior. This program teaches group responsibility and participation and parents are urged to encourage this for your child's success. By signing below, I acknowledge these terms and accept.

Initial _____

Camp Hours are from 9:00 am – 3:00 pm. DO NOT DROP OFF YOUR CHILD BEFORE THIS TIME. Failure to pick up your child at 3:00 will result in a charge of \$5 per every 5 minutes late.

----- My child will be walking home from camp

----- My child will be picked up from camp

Student Photo Release

I hereby give permission to SJSA to use my child's name and photographic likeness in all forms and media for advertising, web site and any other lawful purposes. Any photos or videos will become the sole property of SJSA.

Initial _____