

Los Angeles Music and Art School Camp MusArt Musies 2017 Application

Student Information				
Last Name	First Name	M.I.	Date of Birth <small>m m / d d / y y y y</small>	
Address	Apt/ Suite	City		State Zip Code
School Attending	Child T-shirt size		Home Phone - -	
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
List all allergies or medical conditions of student:				
List any medications that need to be taken during the day and times to administer:				

Additional Student Information				
Last Name	First Name	M.I.	Date of Birth <small>m m / d d / y y y y</small>	
Address	Apt/ Suite	City		State Zip Code
School Attending	Child T-shirt size		Home Phone - -	
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
List all allergies or medical conditions of student:				
List any medications that need to be taken during the day and times to administer:				

For additional students, please include their information on the reserve side.

Parent/ Legal Guardian Information				
Father's Last Name	First Name	M.I.	Daytime Phone - -	
Place of Employment	Occupation		Evening Phone - -	
Address (if different from above)	Apt/ Suite	City		State Zip Code
Mother's Last Name	First Name	M.I.	Daytime Phone - -	
Place of Employment	Occupation		Evening Phone - -	
Address (if different from above)	Apt/ Suite	City		State Zip Code
Father's Email Address		Mother's Email Address		
If divorced/ separated, who holds primary custody?				

Emergency Information		
Emergency Contact (Other than Parent)	Phone Number	Alternative Phone
Emergency Contact (Other than Parent)	Phone Number	Alternative Phone

Other Adults Who Are Authorized to Pick Up Students		
Name	Relationship	Phone
Name	Relationship	Phone

Additional Student Information

Last Name		First Name		M.I.	Date of Birth <small>m m / d d / y y y y</small>	
Address		Apt/ Suite	City		State	Zip Code
School Attending		Child T-shirt size		Home Phone		
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
List all allergies or medical conditions of student:						
List any medications that need to be taken during the day and times to administer:						

How did you hear about Camp MusArt? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> I am a current LAMusart student | <input type="checkbox"/> School/ Social Organization Event |
| <input type="checkbox"/> Newspaper Ad | Please specify: _____ |
| <input type="checkbox"/> Referral from friends | <input type="checkbox"/> Other: _____ |

Acknowledgement

I have received a copy of the Camp MusArt Musies 2017 Fact Sheet and agree to abide by all registration, payment and disciplinary policies as stated therein. I waive all claims against the Los Angeles Music and Art School and its employees for injury, accident, illness, death or any other circumstance occurring as a result of my child(ren)'s participation in Camp MusArt. I understand that the School may take photographs and video of my child(ren) and utilize them in promotional materials. In case of emergency, I authorize any licensed physician, nurse or hospital to render medical care as deemed necessary by the School to guarantee the immediate care and safety of my child(ren).

Signature: _____

Date: _____

FOR OFFICE USE ONLY: Payment Information

Check one of the following:	
_____ Number of Students	\$ _____
Payment Options (check those that apply and calculate):	
<input type="checkbox"/> Materials Fee at \$50 per student	\$ _____
<input type="checkbox"/> Tuition at \$400 per student	\$ _____
<input type="checkbox"/> Installment Payment Plan Fee at \$50 per student (if selected)	\$ _____
<input type="checkbox"/> Less Financial Assistance Award (Approved: _____)	\$ _____
Total Cost	\$ _____
<input type="checkbox"/> Full Payment at Time of Registration	\$ _____
OR	
<input type="checkbox"/> Plan 1 Plan 2 Plan 3	\$ _____
Calculated By: _____	Date: _____