

**Los Angeles Music and Art School
Camp MusArt 2020 Application**

Student Information				
Last Name	First Name	M.I.	Date of Birth mm/dd/yyyy	
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 mm/dd/yyyy	
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 reverse 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
<p>I have received a copy of the Camp MusArt 2020 Fact Sheet and agree to abide by all registration, payment and disciplinary policies as stated therein. I acknowledge that LAMusArt bears no responsibility for any activities or incidents that occur outside of the official Camp MusArt program and aftercare. I waive all claims against LAMusArt 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).</p>
<p>Signature: _____ Date: _____</p>

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 \$100 per student	\$ _____
<input type="checkbox"/> After Camp Care at \$100 per student (if selected)	\$ _____
<input type="checkbox"/> Tuition at \$850 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: _____