



SUMMER MUSIC INTENSIVE REGISTRATION FORM 2016

@ Lutheran Church of the Good Shepherd 7420 Fourth Avenue, Brooklyn, NY 11209
718-745-8520; artonthecornerbr@gmail.com; artonthecorner.org

To be completed by parent or guardian

CHILD'S NAME _____ [] Male [] Female

Address _____ Zip _____ Home Phone _____

Present School _____ Present Grade _____ Date of Birth _____ Age _____

PARENT/GUARDIAN NAME(S) _____ Occupation _____

Address (if different than above) _____

Cell phone _____ Work phone _____ E-mail _____

During program hours, what is the best way to reach you? _____

How did you hear about us? _____

MEDICAL INFORMATION

To assist the instructors in maintaining a safe environment for your child and others, please complete the following:

Known medical condition or allergies _____

Any physical, social, emotional, intellectual characteristics/issues _____

Local Emergency Contact 1 (other than parent) _____ Phone _____

Local Emergency Contact 2 _____ Phone _____

Physician Name _____ Phone _____

In case of emergency, please: _____

If I am unable to give consent for emergency treatment for my child as recommended by competent medical authority, by reason of the instructors or staff's inability to reach me by telephone, my signature below hereby authorizes the instructors to consent to such treatment on my behalf. I understand that reasonable effort will be made to obtain my consent or the consent of the emergency contact noted above. If any of the information provided changes, I will promptly notify the instructors of ART ON THE CORNER IN WRITING.

DISMISSAL DIRECTIONS: We take the safety of your child seriously. Please check all that apply.

- [] I will meet my child [] I will arrange to have someone meet my child [] My child may walk home unaccompanied [2nd & 3rd graders must have someone meet their child] [4th grade and above]

List person(s) other than parents, with phone #, authorized to pick up your child:

1. _____ Phone _____

2. _____ Phone _____

Note any person NOT authorized to pick up your child: _____

WAIVER, SUPPORT, AND MEDIA PERMISSION

As the legal parent/guardian, by signing below, I agree to release and hold harmless Art on the Corner/English Evangelical Lutheran Church of the Good Shepherd, its officers and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of, or related to, any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while on premises under the control and supervision of Art on the Corner/English Evangelical Lutheran Church of the Good Shepherd, its officers and operators, or en route to or from any of said premises, except for those arising from negligence. I also agree to abide by the Terms & Conditions stated on the back of this form.

In addition, by signing below, I give Art on the Corner/English Evangelical Lutheran Church of the Good Shepherd, the perpetual, royalty-free right to use photos taken of my child and his/her artwork, in any manner they wish, combined with other photos or text, in print publications, in press releases, on their websites and for marketing purposes. Your child's first name, initial of last name, and age, may be used in association with his/her image and with images of his/her artwork.

Signed _____ Date _____

Print Name _____ Relationship to child _____

WORKSHOP OFFERINGS – please check the program and week you are registering for

VOICES IN RHYTHM: Monday through Friday, 1:00PM – 5:30PM

for students entering 6th grade and above

\$300 per week if paid in full by May 15, 2016

\$350 per week after May 15, 2016

July 11 through July 15, 2016

July 18 through July 22, 2016

KIDS, CHOIR & DRUMS: Monday through Friday, 9:00PM – 12:00PM

for students entering 2nd grade through 5th grade

\$200 per week if paid in full by May 15, 2016

\$250 per week after May 15, 2016

July 11 through July 15, 2016

July 18 through July 22, 2016

MUSICAL INFORMATION

Voicing (please circle) Soprano Alto Cambiata (changing voice) Tenor Bass

Briefly note musical experience: _____

T-shirt size (please circle) Youth: S M L Adult: S M L XL 2XL

TERMS AND CONDITIONS

A non-refundable \$50 tuition deposit reserves a place in the designated workshop for your child.

Payment is accepted by cash, by check made payable to ART ON THE CORNER, or via PayPal on the artonthecorner.org website. You do not need a PayPal account to make a payment online. *Please note: When making payments online, a small processing fee will be added. All transactions will appear as "English Evangelical Lutheran Church of the Good Shepherd."*

Registration for a workshop is only confirmed when full payment and forms have been received. All forms and payments must be received by June 30, 2016.

A separate registration agreement is required for each individual student. A 10% sibling discount is available.

A \$25 fee will be charged for returned checks. The fee and replacement payment must be paid by money order.

All cancellation requests must be sent in writing to artonthecornerbr@gmail.com.

There are no make-up sessions for absences. No refunds or credits are issued following the second class of each session regardless of whether further sessions are attended or not. Refunds requested before the workshop start date are calculated at 50% of the total workshop fee minus the Tuition Deposit Fee [\$50].

Limited financial aid is available.

At no time is rudeness, foul language, physical or verbal abuse, unsafe behavior, or actions deemed inappropriate by Summer Music Intensive staff, tolerated. These actions may result in dismissal from the Summer Music Intensive Program without warning or refund.

ART ON THE CORNER reserves the right to amend its policies at any time, without notice.

For Office Use

Received by: _____ Date: _____

Payment by: CASH CHECK # _____

PAYPAL VIA WEBSITE (additional processing fee applies)

CC VIA PAYPAL READER (additional processing fee applies)