

SUMMER at CEA 2021

REGISTRATION FORM

Student Last Name: _____ First Name: _____ Entering Grade: _____

Instructions: Choose your program and week(s) by placing a checkmark (☑) in the boxes provided below.

	Week 1 June 14-18	Week 2 June 21-25	Week 3 June 28-July 2	Week 4 July 6-9	Week 5 July 12-16	Week 6 July 19-23
Adventures in the Arts (K4-3rd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cougar Strong (4th-8th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Dance & Spanish Dance Intensive	<input type="checkbox"/> 5 Week Program (June 14-July 16)					
*Music for Musical Theater	<input type="checkbox"/> 3 Week Program (June 14-July 2)			<input type="checkbox"/> 3 Week Program (July 6-July 23)		
*Music for Musical Theater	<input type="checkbox"/> 6 Week Program (June 14-July 23)					
*Musical Theater	<input type="checkbox"/> 3 Week Program (June 14-July 2)			<input type="checkbox"/> 3 Week Program (July 6-July 23)		
*Musical Theater	<input type="checkbox"/> 6 Week Program (June 14-July 23)					
After Camp Care (4:30 p.m. to 6:00 p.m.)	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

*Indicates the program is by invitation or audition only.

Summer Sessions and Fees

Programs Offered	Register before May 3rd	Register after May 3rd
Dance & Spanish Dance Intensive 5 Week Program June 14 th -July 16 th	\$ 1800	\$ 1925
Musical Theater <u>OR</u> Music for Musical Theater 3 Week Program June 14 th -July 23 rd	\$ 975	\$ 1100
Musical Theater <u>OR</u> Music for Musical Theater 6 Week Program June 14 th -July 23 rd	\$ 1400	\$ 1525
Adventures in the Arts (K4-3 rd)/Cougar Strong (4 th -8 th) 3 Week Program June 14 th - July 2 nd or July 6 th -July 23 rd	\$975	\$1100
Adventures in the Arts (K4-3 rd)/Cougar Strong (4 th -8 th) 6 Week Program June 14 th -July 23 rd	\$1400	\$1525
Adventures in the Arts (K4-3 rd)/Cougar Strong (4 th -8 th) (Weekly Cost)	\$350	\$425

After Camp Care: \$250 for full summer / \$175 for 4 weeks / \$150 for 3 weeks / \$20 per day / \$5 for every 10 minutes after 6:00p.m.

Additional T-shirt Order Qty: _____ x \$12 = total: _____

Student Information

Student Last Name: _____ **First Name:** _____

Grade (entering): _____

DOB: ___/___/___ **Gender:** ___F ___M

Allergies/Medical Issues/Medication: _____

Family Information

Parent/ Guardian 1 Name	Home#	Cellular #	Work #
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Parent/ Guardian 2 Name	Home#	Cellular #	Work #
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****Email Address:** Parent 1 _____ Parent 2 _____

In Case of an Emergency call: _____

Name	Relationship	Best Number to Reach
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Name	Relationship	Best Number to Reach
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Release from School

List those persons authorized to take your child from camp during the camp day including parents' names. All person authorized **must be 18 years** of age or older.

List any person **NOT AUTHORIZED** to take the camper from camp.

Consent and Authorization

**** _____ Initial Media Release** On occasions, Summer at CEA may require to produce promotional materials that involve the use of the student's name, likeness or voice. Such productions may be used for marketing, educational or exhibition purposes by Summer at C.E.A., and may be copied, copyrighted, edited, and distributed by C.E.A. Such productions may include videotaping, filming, audio recording or still photography and may include your child.

News Media, including representatives of school publications (such as Yearbook, Conchita Magazine, etc.) television, radio, newspapers, magazines and websites are also permitted on school property and their representatives may take notes, still photos, sound recording, and/or moving pictures, that may also include your child. Such media production may be used on social media, television, print or radio media.

**** _____ Initial Consent to Release Information** I hereby consent to the release of my name, home address, home telephone, cell phone number, and email address for the internal use of Summer at CEA.

**** _____ Initial Emergency Medical Treatment** I understand that in the event that I cannot be reached, I hereby grant permission to the physician or hospital selected by the camp administration to secure proper treatment form order injection, anesthetic, or perform surgery on my child. I hereby give permission or arrange necessary transportation to a hospital.

Signature of Parent/ Guardian (Required): _____ **Date:** _____