



Summer Program 2020 Application

Please print Name

(Participant): _____

Age: _____ Instrument: _____

Parent/Guardian Name: _____

Address: _____

Parent email: _____

Primary Number: _____ 2nd #: _____

Emergency Contact: Name: _____ Phone: _____

(Office use) Discount applied (if any) _____

(Office use) MMMFK code: _____

(Office use) Deposit received: \$ _____ Date: _____ Balance Due July 6th: _____

Check all sessions that apply

1) July 6th thru July 10th : _____

4) July 27th thru July 31^s : _____

2) July 13th thru July 17th : _____

5) Aug 3rd thru Aug 7th : _____

3) July 20th thru July 24th : _____

6) Aug 10 thru Aug 14th : _____

Before & After Camp Care (please check all sessions that apply)

Before care add \$50 per session 8am-9am 1)___ 2)___ 3)___ 4)___ 5)___ 6)___ Total added \$ _____

After care add \$50 per session 4pm-5pm 1)___ 2)___ 3)___ 4)___ 5)___ 6)___ Total Added \$ _____

Please describe any **current** health conditions, including all allergies and their reactions (if necessary continue list on back of this form)

I verify that all vaccinations for my child are up to date and will be complete as of July 1st 2020. I hereby give permission for Making Music Matter for kids to seek emergency treatment and give my permission to arrange necessary related transportation to the hospital for my child, in the event I cannot be reached. I have signed and understand the Terms and Conditions for this program.

Date: _____

Signature of parent: _____

Printed name of parent: _____