



**2010 SUMMER DAY CAMP
REGISTRATION FORM**

PERSONAL INFORMATION:

NAME OF SINGER: _____ AGE: _____ GRADE IN SPRING '10: _____

NAME(S) OF PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____ E-MAIL: _____

EMERGENCY CONTACT IF PARENT/GUARDIAN(S) NOT AVAILABLE: _____

RELATIONSHIP TO CHILD: _____ PHONE: (____) _____ - _____

NAME(S) OF ADULTS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK CHILD UP FROM CAMP:

CHILD'S T-SHIRT SIZE: (CIRCLE BOTH) **CIRCLE:** YOUTH ADULT **CIRCLE:** SM M L XL

MEDICAL INFORMATION:

DOES YOUR CHILD SUFFER FROM ANY CONDITION OR ILLNESS THAT WILL REQUIRE SPECIAL ATTENTION OR MEDICATION? YES _____ NO _____. IF YOU CHECKED YES, PLEASE DESCRIBE: _____

WILL YOUR CHILD BE BRINGING ANY MEDICATION WITH HIM OR HER? YES _____ NO _____

IF YES, PLEASE LIST MEDICATIONS: _____

NOTE, MEMBERS OF THE WCC STAFF ARE NOT PERMITTED TO GIVE MEDICATIONS TO ANY STUDENT.

IS YOUR CHILD RESTRICTED FROM PARTICIPATING IN ANY PHYSICAL ACTIVITIES? YES _____ NO _____

PLEASE LIST RESTRICTED ACTIVITIES: _____

SINGER BACKGROUND INFORMATION:

DO YOU TAKE VOICE LESSONS? Y N FOR HOW LONG? _____

DO YOU PLAY AN INSTRUMENT? Y N INSTRUMENT: _____ FOR HOW LONG? _____

DO YOU READ MUSIC? Y N FOR HOW LONG? _____

TEACHER RECOMMENDATION (not required for current WCC Members):

I recommend _____ for the Wilmington Children’s Chorus Summer Camp. He/she can match pitch and sings in the treble range (soprano or alto). For musicianship class placement purposes, I would categorize him/her as a beginner / intermediate / advanced musician (circle one.)

Print Name: _____ Signature: _____

Please check here if you would like a member of the Wilmington Children’s Chorus staff to contact you for more information regarding this student. Phone number (____) _____ - _____

PARENT/GUARDIAN AUTHORIZATION:

I hereby grant permission for my child to participate in all of the activities of the 2010 WCC Summer Day Camp. I understand photos of my child may be taken in the course of normal camp activities and may be used for promotional materials for future camps.

My son/daughter is physically able to participate in all aspects of the activities (except for those listed above).

I hereby release the Wilmington Children’s Chorus and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my son/daughter or their personal belongings and will make no claim as a result thereof. I hereby give permission for my son/daughter to be medically treated, as deemed necessary by the staff involved in the WCC Choir Camp. I hereby authorize any licensed medical person or facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

Date: _____ Signed: _____

FEES:

Tuition: \$275 (includes all materials and activities)
(partial & full scholarships available on a limited basis—contact Philip Doucette, chorus manager to request a financial aid application—see contact information below)

Extended Care: 8:00-9:00 AM: **\$40.00** We would like to take advantage of the
4:00-5:30 PM: **\$60.00** extended care option:
AM and PM: **\$100.00** _____AM _____PM _____AM & PM

TO REGISTER: Please complete the registration form and return it with a **\$50.00 deposit** (non-refundable) by **May 20, 2010**. All checks should be made out to **Wilmington Children’s Chorus**. The remaining balance must be postmarked no later than **June 7, 2010**.

LATE REGISTRATION:

There is a **\$35.00 charge** for applications accepted after the May 20 deadline. Applications will be accepted only if space permits. Mail registration form and deposit (plus late fee, if applicable) to:

Philip Doucette, chorus manager
Wilmington Children’s Chorus
2606 N Van Buren St.
Wilmington, DE 19802

NOTE: Requests for refunds (minus deposit & processing fee) will be accepted in written form until 3:00 PM, June 11, 2010. Beyond this date, we are unable to process refund requests. There is a \$15.00 processing fee for all refunds. Please allow 4 to 6 weeks for the processing of refund requests following the completion of the camp.

QUESTIONS should be addressed to Philip Doucette, chorus manager
at (302) 762-3637 or singerphild@yahoo.com