

Progressive Music & Art Camp Registration

Child's Name (Last) _____ (First) _____
Male Female Age _____ Birth Date _____ Today's Date _____
Child's Musical _____
Background _____

Parent/Guardian 1 Primary Contact

Mr. Mrs. Ms.
(Last) _____ (First) _____
Address _____ City _____ Postal Code _____
Home Telephone _____ Work Telephone _____
Cell _____ Email _____

Parent/Guardian 2 Secondary Contact

Mr. Mrs. Ms.
(Last) _____ (First) _____
Address _____ City _____ Postal Code _____
Home Telephone _____ Work Telephone _____
Cell _____ Email _____

Are Parents Separated or Divorced? Yes No
If yes which parent should receive correspondence? Parent 1 Parent 2 Both
If yes, which parent has legal custody? Parent 1 Parent 2 Both
(Please explain below if necessary)

Who will pick up your child? Parent 1 Parent 2 Both
Other than parents, name(s) of persons authorized to pick up your child
1. _____ 2. _____

Emergency Information

Emergency Contact if parents cannot be reached Mr. Mrs. Ms. _____
Camper's Health Card Number: _____
Camper's Doctor's Name _____
Number _____

Health/Behavioral Information

Immunization-is your camper's immunization up to date? Yes No
If not please elaborate: _____
Does your camper have any health and/or behavioral concerns we should know about?
Emotional/behavioral concerns, visual impairment, hearing difficulty, and special needs or
learning difficulties? Yes No
Please elaborate: (add additional pages if necessary)

Allergies

Does your camper have any allergies?
Examples: Medications, peanuts, milk, sunscreen, animals, insect bites, or hay fever?
Please elaborate:

Ongoing treatment

Is your camper under any form of treatment for any physical or emotional illness, condition or injury? Yes No

Will treatment limit or affect participation in camp activities? Yes No

Please elaborate:

Medication

Will your camper be carrying any medication to be taken/administered at camp? Yes No

Eg. ANA kit, EPI pen, inhaler(s), Ritalin or other stimulants? Yes No

Can your camper administer the prescribed drugs on his/her own? Yes No

If not please explain:

Help us make your campers stay a positive experience!

On a separate sheet of paper, please explain any additional information about your camper that you feel will help us provide your camper with a positive experience?

For example, fears, past history, doubts, enjoyments, etc.

Privacy Policy - Authorization - Photo Releases - Refund**Privacy Policy**

When you supply us with your contact information, you may hear from us about other programs services and initiatives that may interest and/or benefit you. If you do not wish to hear from us please contact progressivemusic@rogers.com. This data may also be used to satisfy legal, government and regulatory obligations.

Cancellations/Refunds

Cancellations, received in writing, 7 business days prior to the effected session, receive a refund, less deposit and \$15.00 administration fee. Refunds requested after this time require a medical certificate. In the event Progressive Music & Art Camp is closed, due to circumstances beyond our control, including power outages, Progressive Music & Art Camp will be cancelled for the effected time and refunds will not be issued. In the event registration dose not meet Progressive Music & Art Camp's requirements, camp may be cancelled. Notification will be provided 1 week prior to the first day of camp and full refund will be issued.

Authorization

In permitting my child to attend camp operated by Progressive Music of Cambridge, I, the undersigned, permit my child to participate in the full range of activities and authorize the Camp Director, or his/her appointee, in the event of accident or illness effecting the above camper, to authorize on my behalf all procedures, including admission to hospital and necessary treatment herein, as he/ she may deem essential for the care and well being of the camper. Such action is to be only when immediate contact with the undersigned cannot be made. I have read and understood the privacy policy, refund policy and payment plans and have taken care to notify

Progressive Music of Cambridge of any special needs/considerations for my child as previously outlined. I understand photo images may be taken of my child. I consent to and release these images for use by Progressive Music of Cambridge as promotional material.

Parent/Guardian Signature _____ Date _____

Progressive Music & Art Camp Information

Hours of operation:

- Progressive Music & Art Camp operates from 9:00am - 4:00pm
- Early and late supervision from 8:30am-9:00am and 4:00pm- 4:30 is provided at no additional charge

Drop off and Pick - up procedures:

- Campers are to be dropped off and picked up at
- Campers must be escorted into and out of the building by parent/guardian

Camper check list:

- Bagged lunch and snacks
- Running shoes
- Water Bottle
-
-

Lunch and Snack:

- Please limit the amount of candy your camper brings to camp
- Please do not send food items requiring refrigeration or re-heating. Facilities are not available.
- For the safety of your children, with NUT allergies, please refrain from sending nut products or foods containing traces of nut products

Valuables:

- All jewelery, money, valuables and toys are to be left at home.
- Counselors will not hold valuables or be responsible for lost items.
- Progressive Music & Art Camp is NOT responsible for lost or stolen articles. We suggest you label your Camper's belongings.

Medication:

- If your child requires medication throughout the day, please ensure it is given to the camp counselor and the medication administration form is completed.

Weather Policy:

- In the event of inclement weather campers will remain indoors.

Weeks Camp Schedule

DAY	ITEMS TO BRING	
Monday July		
Tuesday July		
Wednesday July		
Thursday July		
Friday July		