



**Elefante Music**  
& School for  
the Performing Arts

# Summer Camp Registration 2019

For: Jump-Start to Piano Camp

**Student**

**Name:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy)

**Grade:** Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

(Indicate the grade your child is going to be in starting in September, 2019)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Please list the name of the instrument and the number of years' experience: \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Emergency Contact Phone** \_\_\_\_\_

Medical or emotional issues that you would like to make us aware of:

Please list any allergies, food or otherwise, and whether or not you have an allergy action plan form:

How did you hear about us? \_\_\_\_\_

I agree to allow Elefante Music & School for the Performing Arts to use photographic images and sound bytes of my child for promotional material.

**Signature:** \_\_\_\_\_  
(Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy)

**Elefante Music & School for the Performing Arts (908) 464-5928**  
**1790 Springfield Ave. New Providence, NJ 07974 [www.elefantemusic.com](http://www.elefantemusic.com)**



Camp Name	Price
Jump-Start to Piano Camp, 2019 (July 15–July 26)	\$300
<b>Registration fee</b> (waived for returning campers and for families with a student who has enrolled in a class or in private lessons at our New Providence or Scotch Plains locations in the past.)	\$25.00
<b>Total Due</b>	

**Billing Information:**

Payment Method:  Visa     MasterCard     Discover     AMEX     Check: # \_\_\_\_\_     Cash

Card Holder Name: \_\_\_\_\_

Credit Card Info: Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_  
 ( mm ) ( yyyy )

Signature: \_\_\_\_\_  
 (Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ( mm ) ( dd ) ( yyyy )