



You can EITHER: mail in the completed form; scan it (or take a clear cell phone photo of it) and email it to karen@elefantemusic.com; drop it by in person; or call Karen -- (908) 464 5928 -- and we can fill it out together over the phone.

# Summer Camp Registration 2019

## For: Dance Intensive and/or Acting Onstage 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** \_\_\_\_\_

**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)



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Price for 1 camp= \$300. Combine both camps = \$550.

Camp Name	Price
<b>Dance Intensive and/or Acting Onstage Camp</b>	
<b>Please circle applicable camp(s):</b> Dance am (entering grades 6-12) Dance pm (entering grades 2-5) Acting am (entering grades 2-5) Acting pm (entering grades 6-12)	
<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:** \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)      ( mm ) ( dd ) ( yyyy )