

**378 Halstead Avenue, Harrison, NY 10528 914-358-4222**

**Broadway Kids Summer Camp**

*(Check the four-day week(s) you are attending)*

Choose an item. July 8 – July 11, 2019 9:00-12:00 Cherry Tree Lane Camp

Choose an item. July 15 – July 18, 2019 9:00-12:00 Enchanted Camp

Choose an item. August 12 – August 15, 2019 9:00-12:00 Island Camp

Child’s name: Click here to enter text. Birth date: Click here to enter text.

Home address: Click here to enter text. Home phone: Click here to enter text.

Email: Click here to enter text.

Mother’s name: Father’s name: Click here to enter text.

Mom’s cell: Click here to enter text. Father’s cell: Click here to enter text.

Mom’s work: Click here to enter text. Father’s work: Click here to enter text.

**Emergency Contacts:**

Name: Click here to enter text. Phone: Click here to enter text. Cell: Click here to enter text.

Name: Click here to enter text. Phone: Click here to enter text. Cell: Click here to enter text.

**Child Pick Up Contacts:**

Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

Physician’s name: Click here to enter text. Phone: Click here to enter text.

Does your child have any allergies & or health issues? Choose an item.

If yes, please specify: Click here to enter text.

In case of accident or illness, I request that New York Performing Arts Center contacts me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician’s instructions. If unable to contact this physician, the representative of the program may make whatever arrangements necessary. I agree to assume financial responsibility for any diagnosis, treatment, and/or any medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedure that have been stated above.

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click here to enter a date.

**Photo/Video release:**

I hereby consent to and authorize the use and reproduction of my child’s image in print, video, or electronic format by NYPAC of any and all photographs/videos which have been taken by NYPAC, without compensation. Choose an item.

I hereby acknowledge that there are no credits or refunds once registered for camp.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click here to enter a date.

Paid cash: Click here to enter text. Paid check #: Click here to enter text.

Paid CC#: Click here to enter text. Expiration date: Click here to enter text.

**Tuition per week: $165.00**

**Full non refundable payment is due at time of registration. There are NO credits or refunds once registered for camp. Payment may be made in cash, credit card or check (made out to NYPAC)**