



Summer Camp 2017 Registration Form

STUDENT INFORMATION

First Name: _____ Last Name: _____

Age: _____ DOB: _____ Gender: Male Female

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Tel: _____ Work Tel: _____

Other Tel: _____

E-mail Address: _____

Other Authorized Contact/Pick up Person: _____

Signed: _____ Date: _____
Parent/Guardian

Dates attending: _____

Total # of weeks: _____

Registration Fee: \$55 (non-refundable) Date paid: _____

Total Tuition due: **\$780.00/month (theater camp)** Date paid: _____

June 12 - July 7

July 10 - August 4

\$780.00/month (art camp) Date paid: _____

June 12 - July 7

July 10 - August 4

\$780.00/month (music camp) Date paid: _____

12 - July 7

July 10 - August 4

\$780.00/month (music camp) Date paid: _____

June 12 - July 7

July 10 - August 4

****Additional fees:** Time frame: Additional Cost:

-8:00am-9:00am (early drop off)

\$75.00 extra/per week

&

4:00pm-6:00pm (late pickup)

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



Consent/Waiver Form

(Please sign and return the form below)

I have received a copy of the Rules and Regulations and the Tuition Information (also available on our website) for INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the director and/or the instructors of the INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY may remove my child/children from class for not meeting and/ or following these rules and regulations.

I hereby certify that my child is fully capable of participating in the physical activities offered at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to the school director or instructors at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

In case of accident or serious illness, I request INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

In addition, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to take photographs and/or videotape of any and all activities for which my child/children are registered for. The photographs and/or videos may be used for the sole purpose of promoting INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

Parent Signature: _____

Printed Name: _____

Date: _____

Student Name(s): _____

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RULES for students

Students must be courteous and respectful at all times.
Students must stay in their assigned classroom, unless they are taking other classes.
Students must keep all their belongings in their assigned cabinet.
Students must clean up after themselves before they leave the premises.

IMPORTANT INFORMATION for parents

Health concerns

Health considerations for both the individual child and for the group dictates that sick children be at home, rather than in after care. As per the Social Service Division Care Ordinance No. 89-21, #7-6.06, if your child has a fever, general body rash, recurrent diarrhea, symptoms of conjunctivitis (pink eye), impetigo, head lice, or other communicable diseases or conditions, i.e., chicken pox or colds, you will be called and will be expected to pick up your child WITHIN ONE (1) HOUR OF BEING NOTIFIED. Your child should not return to Inna's until he/she is without symptoms for at least 24 hours and until the signs and symptoms are no longer present. If any child contacts any kind of communicable disease, i.e., conjunctivitis (pink eye), chicken pox, etc., we must be notified as soon as a diagnosis is made so that we may notify other parents

For your child's sake, as well as for the sake of other children, we ask that you keep your child home when he/she is ill. In an effort to preserve everyone's good health, we will be forced to send home any children who come to aftercare ill. During the course of the day, if your child becomes ill, you will be called and asked to pick him/her up.

Illness or Injury

Any MEDICATION that needs to be administered to your child must be sent in with the AUTHORIZATION FOR MEDICATION form, available at the front desk. This form must be completed in full and signed. ALL MEDICATIONS SENT TO CAMP MUST BE SENT IN THE ORIGINAL CONTAINER. DO NOT SEND ANY MEDICATION IN YOUR CHILD'S AFTER SCHOOL BAG. Medication and Authorization form must be given directly to the front desk.

Aspirin and/or Tylenol will not be given to any child.

In case of emergency After Care Program will call the parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers and/or personal physicians will be called. If the parents or emergency numbers cannot be reached, and emergency attention is required, 911 will be called and your child will be taken to the nearest hospital that is best equipped to handle the particular emergency. While the situation is being handled, we will continue to try to contact you and keep you fully informed.

Field Trip Permission Form

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Dear Parent or Guardian,

During camp days, your child will participate in various field trips. Transportation will be provided in our private Inna's Hall of Fame van. Exact details of each field trip will be given in advance. Please fill out the consent form below.

_____ has my permission to attend a
Name of student

Field trip with Inna's Hall of Fame. The cost of the trip is included in the daily camp rate.

I give my permission for _____ to
Name of student

Receive emergency medical treatment. In case of an emergency, please contact:

Name: _____
Relation to child: _____ Phone: _____

OR

Name: _____
Relation to child: _____ Phone: _____

Parent/Guardian Signature: _____

Date: _____