



## Charles River Creative Arts Program

### **NEW STUDENTS:**

Available spaces for Summer '10 will be filled after January 15th. Enrollment for summer program is on-going throughout the Spring till one or both sessions are filled. If someone applies after a session is full, a wait-list will be available. New families who have applied by the 1/15 deadline will be informed of their status (by phone or mail) by approximately January 22<sup>nd</sup>.

Note: Deposit is fully refunded if applicant does not get into program. Deposit is nonrefundable once application is accepted & processed.

### *SESSION DATES for SUMMER '10:*

*1<sup>st</sup> Session: Tuesday, June 29 – Friday, July 23*

*2<sup>nd</sup> Session: Wednesday, July 28 – Friday, August 20*

INFO on Financial Aid & financial aid application is on the web site.

For more information contact Tina in the  
CRCAP Administrative Office: 508 – 785 – 8250

CHARLES RIVER CREATIVE ARTS PROGRAM

MAIL TO: CRCAP/ BOX 339, DOVER, MA 02030-0339 /Tel:(508) 785-8250 / www.crcap.org

APPLICATION FOR SUMMER 2010

Child's Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_
first name last name

Date of Birth \_\_\_\_\_ Age on July 1, 2010 \_\_\_\_\_ 1st Year at CRCAP? \_\_\_\_yes \_\_\_\_no

Charles River School student? \_\_\_\_ School September '10 \_\_\_\_\_ parent e-mail \_\_\_\_\_

Parent/Guardian Relationship
Complete Mailing Address Zip
Home Tel. ( ) Work Tel. ( ) Cell ( )
Parent/Guardian Relationship
Address (if different from above) Zip
Home Tel. ( ) Work Tel. ( ) Cell ( )
Billing Name & Address: if different from above note on back.

Enrollment: All enrollments must be 4 weeks or 8 weeks. The term of enrollment, once accepted by CRCAP, may not be changed. CIRCLE the session your child will attend for Summer '10.
First Session June 29 - July 23
Second Session July 28 - August 20
Season June 29 - August 20

T-SHIRT SIZE: (circle 1 choice) CHILD m or l ADULT s / m / l / xl LADIES CUT s / m / l / xl

Carpools: CHECK HERE if you would like to have your name & address & telephone number shared with CRCAP families in your town seeking to arrange carpools. Carpool lists sent in Spring.

Tuition: 4 weeks - \$2,300 (lunch included) Deposit for 4 weeks - \$500.00
8 weeks - \$4,600 (lunch included) Deposit for 8 weeks - \$1000
Attach deposit to this application. Deposit is nonrefundable if application is accepted. Deposit fee will be credited towards tuition. Tuition balance due May 5th.

HEALTH FORM & IMMUNIZATION RECORDS MUST BE ATTACHED TO APPLICATION.
(Immunization records dated 6/28/08 and on are valid).

MEDIA: During the arts program, staff members and/or professional photographers take photos & videos for yearbook and general marketing purposes which may include your child/children. Parents/guardians may refuse any or all commercial use of those photos and tapes related to specific campers provided a written request is received by the camp director prior to start of camp.

I have read and understand all the terms of this contract. I also understand that once an application is accepted, tuition is non-refundable for reasons including, but not limited to, incomplete attendance, failure to attend, dismissal, or voluntary or involuntary withdrawal. Note: The CRCAP Summer Program assumes no liability for injury to students on or off the school property. Parents are advised to carry accident insurance.

Signature of Parent or Guardian Date

OFFICE USE ONLY: date dep. FMP

CHARLES RIVER CREATIVE ARTS PROGRAM  
HEALTH INFORMATION for SUMMER 2010

**[THIS FORM MUST ACCOMPANY APPLICATION]**

*This page filled in by parent/guardian.*

**Session: 1st** \_\_\_ **2nd** \_\_\_ **both** \_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Age \_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Telephone # (h) \_\_\_\_\_ Telephone # (h) \_\_\_\_\_

Telephone # (w) \_\_\_\_\_ Telephone # (w) \_\_\_\_\_

Telephone # (c) \_\_\_\_\_ Telephone # (c) \_\_\_\_\_

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Does your child have physical, emotional or learning needs? Yes \_\_\_ No \_\_\_ (If yes, please include details on back of this sheet).

Disability, chronic illness or allergies \_\_\_\_\_

Activities to be excluded or limited \_\_\_\_\_

Will your child be taking any medication during summer program hours? Y \_\_\_ N \_\_\_ **Current medication:** \_\_\_\_\_

*NOTE: IF MEDICATION IS TO BE ADMINISTERED DURING SUMMER PROGRAM HOURS, CONTACT THE OFFICE FOR A MEDICATION ADMINISTRATION FORM. AN ADULT MUST HAND - DELIVER FORM & MEDS TO CAMP NURSE THE 1<sup>ST</sup> DAY.*

May your child be given Tylenol, if needed, **during the summer program day**? Y \_\_\_ N \_\_\_ Motrin? Y \_\_\_ N \_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance: Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Suggestions or health related information for summer program personnel: please write on back of this sheet.

**PLEASE READ CAREFULLY:**

**Attach physician-signed report. Health exam must be dated within 2 years of camp start date. Immunization records dated 6/28/08 or later are valid to submit. Confirmation calls are not made regarding receipt of doctor's report. If mailed or faxed at later date (deadline: May 5) note child's session on the record.**

**Parent or Guardian Authorization:** In the event I cannot be reached in an *emergency*, I authorize the summer program to secure medical care and I hereby give permission to the physician selected by the summer program to hospitalize, secure proper treatment for, and to order injections, anesthesia, x-rays or surgery for my child named above. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_