SUMMER PROGRAM 2021

STUDENT INFORMATION

NANE					AGE	AGE/GRADE:		
PHONE#								
ADDRESS								
EMAIL								
WEEK	DATE	TUITION	EARLY	ARLY DROP		R CARE	TOTAL	
WEEK1	JUNE 28-JULY 2	\$200		\$		\$	\$	
WEEK2	JULY 6-9 (4 DAYS)	\$160		\$		\$	\$	
WEEK3	JULY 12-16	\$200		\$		\$	\$	
WEEK4	JULY 19-23	\$200		\$		\$	\$	
WEEK5	AUG 2-6	\$200		\$		\$	\$	
WEEK6	AUG 9-13	\$200		\$		\$	\$	
WEEK7	AUG 16-20	\$200		\$		\$	\$	
WEEK8	AUG 23-27	\$200		\$		\$	\$	
TOTAL								
Allergies_		MEDICAL	INFO	RMATION	I			

I, the undersigned parent or guardian of the above named applicant, do hereby give my permission for him/her to participate in the Edgewater Performing Arts Summer Program.
I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the

Edgewater Performing Arts, Summer Program, its teachers and volunteers, any or all of them.

• I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above named child should require

such attention during this activity.

• Check should be made payable to the "Edgewater Performing Arts", reserves the right to terminate this agreement, if: tuition is not paid in full or a student's behavior is disruptive or proves detrimental to the health and safety of our programs.

• Edgewater Performing Arts reserves the right to cancel courses or programs, services due to lack of enrollment.

• From time to time during the summer School, videos, photographs, and/or slides will be taken of our staffs. These will be used for publicity purpose only. Your signature below grants permission for Edgewater Performing Arts to use videos, photographs, and /or slides of your child for publicity purpose.

I READ POLICY AND UNDERSTAND THAT THERE IS A CANCELLATION FEE \$50 AND THERE ARE NO REFUNDS AFTER 5/30/20.

Signature of Parent	Guardian Date