

The Drama-Play Connection

Camper Application (Peer Model)

Student Enrollment Application for Summer, 2012
(Please Print Clearly)

Today's date: _____

Child's Name: _____ Gender: _____

Birthdate: _____ Age: _____

Address: _____
No. & Street City State Zip Code

Parent/Guardian Information:

Parents' Marital Status: Single Married Divorced → Date: _____ Widowed → Date: _____

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

Mother's DOB: _____ Father's DOB: _____

Home Number: _____ Home Number: _____

Address: _____ Address : _____

Last Grade/Degree Completed: _____ Last Grade/Degree Completed: _____

Occupation: _____ Occupation: _____

Work Number: _____ Work Number: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If parents are divorced, what is the custody arrangement? _____

Who lives in Child's home? (Please include parents, siblings and others and their ages): _____

Child's Current School History Information:

Current School: _____ School Phone Number: _____ Current Grade: _____

Please describe your child's educational setting (if mainstreamed, in special education or at a special school).

Please include photo here
Required for identification prior to any first aid or medical treatment.

Child's Individual Medical/Therapy History Information:

Current Pediatrician: _____ Phone Number: _____

Please list all medical conditions your child has: _____

Please list all psychological diagnoses your child has (or has had): _____

Please list all medications and their dosages that your child is presently taking:

Medication	Dose	AM	PM	Possible Interactions

About Your Child:

Can your child swim? YES / NO Highest Red Cross Level passed: _____

How do you describe your child? _____

Please describe your child's strengths: _____

Please describe your child's weaknesses: _____

How does your child relate to peers? _____

Please describe why you want your child to be a Peer Model. _____

Costume and Camp T-Shirt Information

Leaving information blank will slow down our costuming process. Please fill EVERYTHING out.

Child's Height: _____ Child's Weight: _____ Shoe Size _____ (Regular / Wide)

Hat size: _____"

Please measure your child's head circumference in inches. This is done by taking a tape measure and measuring around your child's head just over the ears. You can also use paper taped together, mark it, and then measure it with a straight ruler.

Please circle the size T-Shirt that you think will best fit your child this summer:

	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Youth XL (18-20)	Adult S	Adult M	Adult L	Adult XL	Adult 2XL	Adult 3XL
Width	17"	18"	19"	20"	18"	20"	22"	24"	26"	28"
Length	21.5"	23"	25"	26.5"	28"	29"	30"	31"	32"	33"

Clothing: <u>Exact Numerical Size</u> : (Please <u>circle</u> Youth or Adult and indicate single number, not a range):	Youth or Adult	Shirt	Jacket	Pants	Dress	Skirt

For Youth Sizes Circle the range that will best fit your child. Please, circle a range <u>each line</u> , please.	Size Range #1:	6	6X	7	8-10	12-14	16-18
	Size Range #2:	4-6	6-8	10-12	14-16	18-20	

Please indicate in what capacity you can volunteer to help with our production:

_____ Helping to alter costumes
 _____ Helping to wash a load of costumes over a weekend
 _____ Props or Set building
 _____ Other: _____

Costumes Information

Every effort is made to provide each child with costumes that come from the costume fund. However, families are expected to help their children augment or create parts of their costumes for the movie. This may include a specific shoe Style Number (e.g., sunglasses, one summer, all the children purchased a specific black Vans-type sneaker from Payless, etc.). We appreciate any help from families in providing props whenever possible. Further information regarding the costumes/props will be given as the summer approaches.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Peer Model Application
Not So Fine Print - Please read.

Program Cost: \$2,500.00 for 6 weeks, 9am-2pm. This includes Field Trip entry costs and 2 After-Camp Workshops.

After-Camp Program: Prices vary depending on number days and workshops selected.

Hidden Fees: \$65 Costume Fee for the costume fund and \$20 DVD processing/shipping fee for the Camp Movie, additional copies are \$15 each. Families are expected to augment their child's costume with items (e.g., shoes, socks, pants, etc.). All costume items are required to stay at camp for the entire 6 weeks.

A Health and Examination Form must be submitted prior to program attendance. It may be based on an examination performed within the last year. Also, a photo of your child is required for the purposes of identification and health care at camp. In case of emergency I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. I understand that in any medical situation every effort will be made to reach me. I understand that The Drama-Play Connection, Inc. expects that each child will be covered by medical insurance.

I also understand that my child may not attend the program until the medical form and payment in full are received by The Drama-Play Connection, Inc. I have read the above as well as the Fee Schedule forms. I understand the program's policies on registration and if my child attend the program, I agree to be responsible for the payment of all fees due, and that the application fees and deposits are non-refundable. I also realize that I am responsible for providing a costume/props for my child's participation in the movie in addition to the \$65 costume fee. I also understand that some of the program's movie footage in which my child appears may be used for educational (professional seminars, training, etc.) or promotional (camp fairs, small trailer on the website or viewing for the Annual Fund-raiser) purposes. Also, I understand that donors to the program's scholarship fund receive a complimentary copy of the program movie as a thank you. Names of the actors (children in the program) are never revealed. I also realize that all families receive a copy of the Camp Directory that lists contact information so that families can arrange car-pooling, play dates, etc. Parents may request copies of background checks, health care and discipline policies as well as procedures for filing grievances. I also understand that submitting this application does not guarantee acceptance to the program. All applications are reviewed in a first come first served basis.

I understand that The Drama-Play Connection will send most communications via email, and I am responsible for checking emails during the summer for camp updates. My preferred email for camp communications is:

Date _____

Parent's or Guardian's Signature **X** _____

APPLICATION NOT COMPLETE WITHOUT SIGNATURE

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

DO NOT SEND WITH "SIGNATURE REQUIRED/ CERTIFIED" FOR POSTAL DELIVERY.

(As we are not always in the office, we may miss signature required mail and cannot go to the post office to retrieve mail.)