

Session I and Session II

Session I: June 5 – June 9th, Performance June 10th; Hollydale United Methodist Church

Session II: June 12th - June 16th, Performance June 13th; Music On Wheels Academy

Music Camp is **Monday – Friday/with Saturday Performance**. <u>All payments are made payable to Music On Wheels, LLC</u>. You may register for one or both sessions. There is a \$25 Application fee that is waived if registered by May 15th.

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

Music On Wheels Academy will be offering a two-week Summer Performing Arts Camp. Summer Music Camp will be held for students 5 – 13 years of age. Students will have classes in Theater, Dance, Piano, Voice, and Drums, with a production that will be held on the following Saturdays, June 10th and 17th. Parents can view camp progress through photographs, videos, and information that will be posted online each week.

FULL DAY Camp hours are from 7:00am to 6:00pm.

<u>HALF-DAY</u> Camp hours are from 9:00am to 12:00pm (keep in mind, half-day does not include all classes).

Tuition: (PER STUDENT)

- ✓ Non-Refundable Registration Fee: \$25 per student Waived if registered by May 15, 2017
- ✓ Cost Per Student: \$125 per week FULL DAY; \$100 per week HALF DAY
- ✓ **Discount:** 5% discount off for additional siblings
- ✓ **Refunds** There are no refunds; however, if camp is cancelled due to low enrollment, a full refund will be issued.
- ✓ Lunch All campers must bring beverage(s), snack, and lunch that does not require heating.
- ✓ **Discounts** a \$30 weekly discount off tuition for **Full Camp Hours Only** will be given to qualifying families. Proof of income, government assistance, and/or tax statement may be required.
- ✓ **Volunteers** Students or adults 14 years and above can volunteer to work at the camp. A volunteer application must be completed. Please visit our website for an application and submit by May 15th, 2017.

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

Camp Registration Form

register for one or both sessions.	oice: (All payments are made payable to Music On Wheels, LLC. You ma
Session I: June 5th - June 9th held (2364 Powder Springs Road, Marie	at Hollydale United Methodist Church tta, GA 30064)
Session II: June 12 - June 16th hei (1000 Cobb Pkwy N, Ste F - Mariett	•
Name:	Date of Birth:/
Age:	
Street Address:	Apt #:
City:St	tate: Zip Code:
Home Phone: () -	
E-mail:	
Gender (Circle One): Male Female	Current Grade Level:
Parent/Guardian Information	
Name:	Relationship to Participant:
Home Phone: () -	Cell Phone: () -
Is the Above Person Authorized to Pick-Up M	My Child at the End of Each Day or in the Event of an Emergency?
Yes No	
Employer (if unemployed, write "None"):	Work Phone: () -
Parent/Guardian 2	
Name:	Relationship to Participant:
Home Phone: () -	Cell Phone: () -
Is the Above Person Authorized to Pick-Up N	My Child at the End of Each Day or in the Event of an Emergency?
Yes No	
Employer (if unemployed, write "None"):	Work Phone: () -

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

Policies & Procedures

Student's Name:		
-		

- Enrollment begins after your child is registered and payment has been received.
- Full Tuition is due the 1st Monday of each week,. A \$25.00 late fee will apply on payments received after Monday Partial weekly tuition payment WILL NOT be accepted.
 - If payments are not received by Wednesday, your child will not be able to attend camp, until your account is paid and current, along with the late fee.
 - Parents may choose more than one camp and may choose to pay for more than one week.
 - We accept cash, check, and/or credit card payments.
- There are NO refunds. All fees paid to Music On Wheels, LLC are non-refundable.
- Music On Wheels, LLC, LLC DOES NOT pro-rate days due to absences or holidays.
- Children **must** be picked up on time each day.
- Camp hours are as follows:
 - Full Day 7:00 am 6:00 pm
 - Half Day 7:00 am 12:00 pm
- Children picked up late will incur a \$1.00 per minute late fee(which is to be paid BEFORE children can continue camp).
- A \$35.00 NSF fee will be charged to all returned checks.
- For the benefit of the camp, certain behavior is expected of all students. If all efforts to make this happen fail, Music On Wheels, LLC reserves the right to withdraw a student from the camp. If a student is withdrawn from camp due to certain unexpected behavior, there will be **NO** refund issued and tuition will **NOT** be prorated.

understand and accept all policy and procedure:		
	PARENT SIGNATURE REQUIRED	_

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Student's Name:						
Emergency Cont	act 1					
Name:		Relationshi	Relationship to Participant:			
Home Phone: (none: () - Cell Phone: (Work Phone: ()	-	
Is the Above Perso	on Authorized t	o Pick-Up My Child a	at the End of E	ach Day or in the Event of an	Emergency:	
Yes	No					
Emergency Cont	act 2					
Name:		Relationship to Participant:				
Home Phone: () -	Cell Phone: () - Work Phone: () -				
Is the Above Perso	on Authorized t	o Pick-Up My Child a	at the End of E	ach Day or in the Event of an	Emergency:	
Yes	No					
Additional Autho	orized Pick-up					
1						
(Name) (Contact #	†) (Relationship)				
2						
(Name) (Contact	#) (Relationshi)	p)				

All campers must be picked up by the person (s) authorized by the registering parent/guardian.

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

HEALTH INFORMATION FORM

Student's Name:	
List any specific medical conditions or behavioral proble	ems:
Does your child have any other allergies (food, hay feve If so, please list:	r, etc)? Yes No
Are there any activities in which your child may not part If so, please list:	ticipate? Yes No
Are there conditions or specific needs that require special of so, please list:	al attention? Yes No
Will your child be taking medication during camp hours	? Yes No If yes, please list:
Please pack all medication in a sealed container, clearly and time and deliver to your child's teacher for the week	labeled with your child's name, age, medication, dosage
Medication:	Time:
Medication:	Time:
The information listed on this health information form is described herein has permission to engage in all prescrib	, C,
	ent/guardian, authorize Music On Wheels, LLC and Camp o transport my child to the appropriate medical facility in
Signature	Date
PARENT SIGNATURE REQUIRED	

Music On Wheels, LLC, P.O. Box 6426 Marietta, GA 30065

ACCIDENT WAIVER, LICENSURE EXEMPTION, AND RELEASE OF LIABILITY FORM Music On Wheels, LLC 2017

May 29, 2017 to June 9, 2017

I HEREBY ASSUME ALL OF THE RISKS AL				ΓΟ PARTICIPATE IN
THIS ACTIVITY OR EVENT, including by way persons or entities being released, from dangerou liability without fault.				
fractify without fault. I certify that I my child/or children are physically	fit and have sufficiently nre	nared or trained for narticina	tion in the activity or ex	vent, and have not been
advised to not participate by a qualified medical				
participation in this activity or event.	professional. I certify that the	re are no nearm-related reaso	ns of proofenis, which p	rectude my emia s
I acknowledge that this is an Accident Waiver an	d Release of Liability Form	and will be used by Hollydale	United Methodist Chu	rch and Music On Wheels.
LLC, sponsors, and organizers of this camp and activity or event.				
LICENSURE EXEMPTION				
I understand that this program is exempt from Lie				
not required to comply with child care rules other				
In consideration of my application and permitting next of kin, successors, and assigns as follows:	g my child to participate in th	is event, I hereby take action	for myself, my executo	rs, administrators, heirs,
(A) I WAIVE, RELEASE, AND DISCHARGE f	from any and all liability, incl	uding but not limited to, liab	ility arising from the ne	gligence or fault of the
entities or persons released, for my death, disabil including my traveling to and from this event, Thand/or their directors, officers, employees, volunt	ity, personal injury, property HE FOLLOWING ENTITIES	damage, property theft, or ac OR PERSONS: Hollydale U	tions of any kind which Inited Methodist Church	may hereafter occur to me h, Music On Wheels, LLC
volunteers; (B) I INDEMNIFY, HOLD HARMLESS, AND				n any and all liabilities or
claims made as a result of participation in this ac				
I acknowledge that Hollydale United Methodist ONOT responsible for the errors, omissions, acts, on the control of the control				
Methodist Church and Music On Wheels, LLC.	n families to act of any party	or entity conducting a specifi	e event of activity on or	man of Honydaic Office
I acknowledge that this activity or event may invinjury, and property loss. The risks may include, equipment, vehicular traffic, actions of other peo monitors, and/or producers of the event, and lack I hereby consent my child to receive medical treaters.	but are not limited to, those c ple including, but not limited of hydration. These risks are	aused by terrain, facilities, te to, participants, volunteers, s not only inherent to participate	mperature, weather, con spectators, coaches, even ants, but are also presen	ndition of participants, nt officials, and event it for volunteers.
event. The accident waiver and release of liability shall	be construed broadly to prov	ide a release and waiver to th	e maximum extent pern	nissible under applicable
law.				
PHOTOGRAPHY & VIDEO				
I also understand that at this event or related a agree to allow photos, video, Internet advertise organizers, for marketing, informational or edu	ement, and/or film to be use	d for any legitimate purpos		
I CERTIFY THAT I HAVE READ THIS DO RELEASE OF LIABILITY AND A CONTRA			TENT. I AM AWARI	E THAT THIS IS A
Print Participant's Name	Age	Parent Name (print)		Date
The undersigned parent and natural guardian of ward's participation in the activity or event, ar release of liability set forth above. The undersiparties referred to above from all liability, loss or lack of such capacity to so act and release s	nd has agreed individually a igned parent or guardian fur s, cost, claim, or damage wh	nd on behalf of the child or ther agrees to save and hold atsoever which may be imp	ward, to the terms of the harmless and indemnosed upon said parties	the accident waiver and nify each and all of the
Signature of Parent or Guardian			Date	
Digitatore of Latent of Guardian		L		