

**Music On Wheels Academy of Performing Arts**  
**Music Camp Registration Form**  
PO BOX 6426  
Marietta, GA 30065

**Camp Registration Form**

**Please check the camp date(s) of your choice:** (All payments are made payable to Music On Wheels, LLC.) You may register for one or both sessions.

*Session I: June 4th - June 8th held at Hollydale United Methodist Church  
(2364 Powder Springs Road, Marietta, GA 30064)  
Performance, Saturday, June 9th*

*Session II: June 11th - June 15th held at Hollydale United Methodist Church  
(2364 Powder Springs Road, Marietta, GA 30064)  
Performance, Saturday, June 16th*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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: (      )      -

The above person is authorized to Pick-Up 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: (      )      -

The above person is authorized to Pick-Up 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 Academy of Performing Arts

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### 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.

I understand and accept all policy and procedure: \_\_\_\_\_

PARENT SIGNATURE REQUIRED

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**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 Contact 1**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: (     )     -     Cell Phone: (     )     -     Work Phone: (     )     -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency:

Yes            No

**Emergency Contact 2**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: (     )     -     Cell Phone: (     )     -     Work Phone: (     )     -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency:

Yes            No

**Additional Authorized Pick-up**

1. \_\_\_\_\_

(Name) (Contact #) (Relationship)

2. \_\_\_\_\_

(Name) (Contact #) (Relationship)

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

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**HEALTH INFORMATION FORM**

**Student's Name:** \_\_\_\_\_

List any specific medical conditions or behavioral problems: \_\_\_\_\_

Does your child have any other allergies (food, hay fever, etc)?  Yes  No

If so, please list:

Are there any activities in which your child may not participate?  Yes  No

If so, please list:

Are there conditions or specific needs that require special attention?  Yes  No

If so, please list:

Will your child be taking medication during camp hours?  Yes  No      If yes, please list: \_\_\_\_\_

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

The information listed on this health information form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

I, \_\_\_\_\_, as parent/guardian, authorize Music On Wheels, LLC and Camp personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT SIGNATURE REQUIRED**

