

FONTBONNE HALL ACADEMY
SUMMER ENRICHMENT PROGRAM
MUSICAL THEATER CAMP REGISTRATION FORM
Contact person-(Danielle Glasser) glasser@fontbonne.org

Print and Submit Form with \$50 deposit to Fontbonne Hall Academy by June 10th.
9901 Shore Road Brooklyn, New York 11209

1.CAMPER INFORMATION

Name- _____

Birthdate- _____

Grade Level- _____

School (As of 09/19)- _____

Address- _____

Top 3 favorite Musicals/plays-

1. _____

2. _____

3. _____

Past theater/ music/ singing/ performance experience-

2. CAMPER'S MEDICAL INFORMATION

1. Allergies Food (please state specifics): _____

_____ Bee _____ Latex _____ Medication _____ None

Other: _____

Does the student carry Epinephrine? _____ Yes _____ No

If yes, does the student self-administer? _____ Yes _____ No

2. Asthma: _____ Yes _____ No

Does the student carry an inhaler? _____ Yes _____ No

3. Diabetes _____ Yes _____ No

4. Special medical problems: _____

5. Does the student require medication that needs to be taken during the course of the camp?

_____ Yes _____ No (If yes, please list the medications and purpose)

3. EMERGENCY CONTACT INFORMATION

(Must be a parent or guardian)

Name- _____

Relationship- _____

Phone- (Home) _____

Cell- _____

Email- _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name- _____

Relationship- _____

Phone Number- _____

4. ADDITIONAL INFORMATION

A) Photo Release

The undersigned gives permission to Fontbonne Hall Academy to use photographs and audio and/or video recordings of the camper for fundraising and/or marketing purposes. On occasion, with permission, participant photographs may be included in promotional videos, websites and social media to promote the camp. Fontbonne Hall Academy respects the privacy of the participants and does not allow unauthorized visitors to photograph or video the camp or its participants.

(Parent or guardian signature)

B) Pick up arrangements

Circle which pick up plan you desire for your child.

1. I allow my (son/daughter) to be dismissed on their own without a designated pick up at the conclusion of the camp day.
2. My (son/daughter) should only be released to the below authorized pick ups.

Authorized Pick ups-

Name	Relationship	Phone Number
1.		
2.		
3.		

(Notify the camp if pick up arrangements change.)

C) Additional comments and information that will enhance the camper's experience-
