

SFartsED summer

Enroll in **SFartsED Summer 2017** online at sfartsedsummer.org or by phone at 415.551.7990 or fax to 415.551.7994 or mail in the application with full tuition to:
SFartsED, c/o Nourse Auditorium, 135 Van Ness Ave., San Francisco, CA 94102

Name(s) _____

Age(s) _____

School(s) _____

Adult Responsible/Relationship _____

Address _____

City, State, Zip _____

Home Phone _____ Work/Day Phone _____

Email _____

• **SESSION ONE** > *June 5 – June 16*

Ages 6-9 > 9:00 a.m. – 3:00 p.m. > \$645

EXPLORATION

Ages 9-14 > 9:00 a.m. – 3:00 p.m. > \$645

BROADWAY BOUND: Classic Broadway (1930-1965)

Ages 10-14 > 9:00 a.m. – 3:00 p.m. > \$670 (includes \$25 materials fee)

ART & DESIGN: Sculpture

• **SESSION TWO** > *June 19 – June 30*

Ages 6-9 > 9:00 a.m. – 3:00 p.m. > \$645

EXPLORATION

Ages 9-14 > 9:00 a.m. – 3:00 p.m. > \$645

BROADWAY BOUND: Contemporary Broadway (1966-Today)

Ages 10-14 > 9:00 a.m. – 3:00 p.m. > \$670 (includes \$25 materials fee)

ART & DESIGN: Fashion Design

• **SESSION THREE** > *July 3-14 (no camp July 4)*

Ages 6-9 > 9:00 a.m. – 3:00 p.m. > \$580

EXPLORATION

Ages 9-14 > 9:00 a.m. – 3:00 p.m. > \$950

BROADWAY BOUND: *Ragtime In Concert* (includes an additional week, July 17-21 at San Francisco State University)

Ages 10-14 > 9:00 a.m. – 3:00 p.m. > \$605 (includes \$25 materials fee)

ART & DESIGN: Artists' Studio (mixed media visual arts)

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Special one-week session July 10-14

Ages 10-14 > 9:00 a.m. – 3:00 p.m. > \$320

JOE GOODE PERFORMANCE GROUP: *Inspired Bodies*

EXTENDED CARE available for all ages 6-14

8:00 a.m. – 9:00 a.m. only \$75 per session

3:00 p.m. – 6:00 p.m. only \$150 per session

8:00 a.m. – 6:00 p.m. \$200 per session

I would like to contribute the following amount to help provide a scholarship for a deserving child to SFArtsED Summer. Enclosed is my contribution of \$_____.

Check or money order enclosed made payable to the San Francisco Arts Education Project. Call 415.551.7990 for immediate enrollment with a credit card.

Visa

MasterCard

Amex

Acct # _____ Exp. Date _____ CVC _____

Name on card _____

Signature _____

If you need to cancel your enrollment, there will be a \$100 administrative fee for the return of your tuition. Space is limited. Campers will be served on a first come, first served basis. Session offerings subject to minimum enrollment.

CAMP LOCATIONS:

Exploration

Miraloma Elementary School, 175 Omar Way, San Francisco, CA 94127

Broadway Bound

Ruth Asawa San Francisco School of the Arts

555 Portola Ave., San Francisco, CA 94131

*Final week (July 17-22) at San Francisco State University School of Theatre and Dance, 1600

Holloway Avenue, San Francisco, CA 94132



**SFArtsED Summer
Identification and Emergency Form**

Child's Name _____

School _____ Birthdate _____

Name of Parent/Guardian _____ Name of Parent/Guardian _____

Address _____ Address _____

City, St., Zip _____ City, St., Zip _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

E-Mail _____ E-Mail _____

Does your child have any food or other allergies? Please list.

Does your child have any special medical concerns or learning differences that we should be aware of? Please explain.

Do you have any special instructions for us regarding your child's medical concerns or learning differences?

Physician to be called in an emergency:

Name _____ Phone _____

Address _____

Person to notify in case of emergency if parent s/guardians are unavailable:

Name _____ Home Phone _____

Day Phone _____

Hospital that child should be taken to in case of emergency _____

Name of Insurance Co. _____ Name of Policy Holder _____

Policy Number _____



San Francisco Arts Education Project

SFArtsED Summer Permission Statement and Liability Release

My child has permission to participate in the activities of SFArtsED Summer. I fully understand the nature of the program in which my child will participate.

I understand that the San Francisco Arts Education Project and the San Francisco Unified School District does not assume any responsibility for accidents to participants in such programs, and the undersigned does hereby agree to release the San Francisco Arts Education Project and the San Francisco Unified School District from any liability in connection with the participation of my child in said activities and does further agree to hold the San Francisco Arts Education Project and the San Francisco Unified School District from any and all liability in connection therewith. With these facts in mind, I accept the responsibility for my child's participation in such activity.

In case of an emergency, I authorize a staff member of SFArtsED Summer to take my child to the physician listed on the Identification and Emergency form or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and projection of the child. I understand that I am responsible for paying any and all medical expenses that may be incurred by my child at SFArtsED Summer.

I further understand that the San Francisco Arts Education Project and the San Francisco Unified School District is not responsible for lost or stolen items and I do further hold the San Francisco Arts Education Project and the San Francisco Unified School District harmless from any liability for lost or stolen articles.

I also understand that with the exception of a \$100 non-refundable deposit, all tuition is fully refundable up until June 1, 2017. After that time there are no refunds for any reason including withdrawal or dismissal. I understand that if I have not enrolled my child in Extended Care, I will be charged a late fee of \$25 if I do not pick up my child by 3:20 pm. I understand that at 6:00 pm, I will incur additional fees of \$25 for every 15 minute period that I am late. I understand that a \$10.00 fee will be charged for all returned checks.

I grant my permission for my child to, under appropriate supervision, participate in off-site outings, and release the San Francisco Arts Education Project from any liability it might incur with respect to such field trips. SFArtsED Summer has my permission to use any photos or videos taken during camp.

Signature of Parent or Guardian

Date

Name of Child _____

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Parent/Guardian Release Form

For All Parents/Families

Please list the names and addresses and phone numbers of the people who have your permission to pick-up and sign your child(ren) out of camp. Include car pool parents.

For Children ages 6-9

Children under the age of 10 are not allowed to sign themselves out at the end of the camp day. A parent or appointed adult or age appropriate sibling must pick-up and sign-out for children under the age of 10.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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For Children ages 10-14

Please indicate if your child does or does not have permission to sign him/herself out at the end of the camp day. Your child must be at least 10 years old to sign him/herself out.

I (parent/guardian name) _____

(please check one) Give Do Not Give

permission for my child (name) _____ to leave SFArtsED Summer 2017 at the end of the camp day **without** parent or guardian supervision or signature. My child may sign him or herself out at the end of the camp day.



**SFartsED Summer
Family Profile Form**

Thank you for helping us learn more about you

Child's Name _____

Name of Parent/Guardian _____ Name of Parent/Guardian _____

Occupation _____ Occupation _____

Employer _____ Employer _____

High School Alma Mater _____ High School Alma Mater _____

College/University _____ College/University _____

Degree(s) Earned _____ Degree(s) Earned _____

What languages are spoken in your home?

Why is arts education important to you and your family?
