

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

PARENTAL AGREEMENT FORM

TUITION & PAYMENT PLAN POLICY:

- A minimum of 1/3 of the total cost is due at the time of registration.
- Payments may be made in a series of 3 installments throughout the Summer Institute.
 - Payment 1 is due at registration, or by June 16 or your child's spot will be released.
 - Payment 2 is due during the 1st week of camp by June 30.
 - Payment 3 (final payment) is due by July 14.

I have Paid In Full

DISCOUNT POLICY:

- \$25 discount for returning students by May 1st (*applies only to students who have enrolled in the past two years*).
- \$50 discount will be applied for additional siblings enrolling in **the same immediate family**.

WITHDRAWAL POLICY:

- Families withdrawing **BY June 16** will be refunded their deposit.
- If you withdraw **BETWEEN June 16 – June 30** then you **WILL NOT** be refunded ½ of the total tuition.
- If withdrawing **AFTER June 30**, families are responsible to pay the cost of the program **IN FULL** (*The only exception is for medical emergencies. A physician must provide a certified notice to the Institute*).
- **No refunds will be given for dismissal either due to inappropriate behavior or vacations.**

The following terms and conditions apply to all registered students of The Institute of Music for Children.

1. I agree and adhere to the Institute of Music for Children policies stated above.
2. I am aware of my financial responsibility and I agree to pay the full cost of tuition by July 14th. **If payments are NOT made by the scheduled due dates, my child(ren) will not be permitted to attend camp until balance is paid.**
3. I understand that **T-shirts** are **mandatory daily wear** for all students. Students receive 2 T-shirts; I will ensure that my child comply with this procedure.
4. I will ensure that my child brings a lunch and water bottle with them to camp every day. The Institute is not responsible for providing meals.
5. I understand and agree that the Institute is not responsible for any lost, stolen, or damaged property, and I will ensure that my child not bring toys, games, radios, cell phone, ipod, or any other items not related to the program.
6. My child may be required to purchase books, any necessary instrument, and other supplies, as needed for the lessons.
7. I will ensure that my child arrives on time and is picked up promptly. I understand that failure to comply **will** result in disciplinary action, which may lead to dismissal from program.
8. Excessive absenteeism is unacceptable. I understand that excessive absenteeism will result in disciplinary action, which may lead to dismissal from program.
9. I will adhere to security guidelines including, but not limited to, escorting my child into the building and entering the building to pick up my child.
10. I will fully cooperate with the philosophy and design of the program of The Institute of Music for Children.
11. I have been advised that students will be expelled from the program for inappropriate behavior, such as fighting, cursing, disrespecting staff, interns and fellow students. **Parents will be responsible for tuition PAID IN FULL.**
12. I understand that tuition may only be refunded for a medical emergency for which a physician provides notice to the Institute; no refunds will be given for **dismissal** due to inappropriate behavior, vacations, or voluntary withdrawals.

I have read the above agreement and I understand and agree to abide by all terms and conditions, including but not limited to the Institute's policies regarding registration, attendance, withdrawal, and tuition payment.

Signature of parent/guardian

Name of parent/guardian (print)

Date

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

TUITION AGREEMENT FORM

This form, including credit/debit card information, must be completed by June 16 or your child's spot will be released (unless tuition has been paid in full).

I understand that:

Unless I am paying in full, tuition payments are due on the following schedule:

- June 16 – 1/3 of tuition plus any additional fees (Young Chefs, Academic Enrichment, etc.)
- June 30 – 1/3 of tuition
- July 14 – 1/3 of tuition

Initial Here: _____

I understand that:

If the Institute does not receive payment within SEVEN (7) days of the June 30 and/or July 14 due dates, then the credit/debit card below will be charged the due amount, plus a \$25 LATE FEE.

Initial Here: _____

I understand that:

If the Institute is unable to charge the credit/debit card below after SEVEN (7) days of the payment due date due to incomplete/incorrect card information or insufficient funds, my child(ren) may not be permitted to attend camp until balance is paid.

Initial Here: _____

I understand that:

By entering a tuition agreement with the Institute of Music for Children, I am responsible to pay the FULL COST of tuition by the end of the 5-week Summer Arts program as confirmed during time of enrollment.

Initial Here: _____

Credit or Debit Card Information

I have Paid In Full

Card Number: _____

Credit Debit

Cardholder Name: _____
(Should match name on card)

Relationship to Student: _____

Exp. Date: _____

Security Code: _____
(3 digits on back)

Address associated with the credit card: _____
(Street Address)

(City)

(State)

(Zip)

Cardholder Signature: _____

Today's Date: _____

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

HEALTH CONSENT/RELEASE FORM

PARENT/GUARDIAN AUTHORIZATION

As a Parent and/or Guardian of **(Name of student(s))** _____, a Minor(s), I hereby authorize the emergency treatment by a qualified and licensed medical doctor selected by the Institute of Music for Children in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.).

- (Name of Student(s))** _____ has permission to engage in all Institute of Music for Children program activities. The student and/or his/her parent/guardian agree to abide by the rules and regulations set up by the Institute of Music for Children for health, safety, and welfare of the children participating in the program.
- I confirm that my child(ren) has/have current immunizations according to New Jersey school entrance requirements.
- My child(ren) is/are not immunized.
- In case of a non-medical emergency, I give permission for over the counter medications (i.e. Tylenol, Tums, Benadryl, etc.) to my child if needed.

By signing this form, I acknowledge that any endeavor involves potential for injury is inherent in all activities. Furthermore, I will not hold the Institute of Music for Children, or any individual associated with any of the organization, responsible in the event of accident or injury resulting from my child's participation in any Institute of Music for Children program.

Agreed to as of the date indicated below.

Signature of Parent/Guardian: _____

Name of Parent/Guardian (print): _____ Date: _____

BREAKDANCE CLASS PARTICIPANTS

Parents should be aware that Breakdance is a vigorous activity involving head spins, rotations, cartwheels, and partnering among other intense physical movements.

Signature of Parent/Guardian: _____

Name of Parent/Guardian (print): _____ Date: _____

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

YOUNG CHEFS CONSENT/RELEASE FORM

(This form is only required for students who enroll in the Young Chefs program)

(Name of Student(s)) _____ will have the opportunity to use kitchen utensils and equipment during the Institute of Music for Children's cooking program. Students will learn about appropriate handling of food items and safe operation and use of the kitchen equipment and they will be supervised at all times.

Parents should be aware, however, that participation involves using knives and other sharp utensils, and that children will be working with and in close proximity to large kitchen equipment and hot items. Classes may also involve handling of raw food items. Although every precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment. I agree to hold the Institute of Music for Children, its Board, and Staff harmless from any and all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by my child's participation in any class. I understand that the classes will involve food preparation, handling, and eating. Failure of the student to behave in a safe and proper manner will result in loss of this privilege and participation in the cooking program.

Due to the nature of the class, we ask that you disclose any known food allergies or restrictions to ensure the safety of your child.

Please initial next to the corresponding statement.

- My child(ren) has NO KNOWN Food Allergies or Restrictions.
- My child(ren) has Food Allergies and/or Restrictions include:

Signature of Parent/Guardian: _____

Name of Parent/Guardian (print): _____ Date: _____

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

FAMILY DEMOGRAPHIC FORM

We ask that all families fill out the following information to help us provide our funders with accurate reporting. The information gathered in this form is kept confidential and will only be **reported anonymously for statistical use.**

Parent/Guardian 1 Name: _____

- Lives with student(s):** Yes No **Relationship to student(s):** Adoptive Parent Biological Parent
- Step-Parent Grandparent
 - Other Relative Other Non-Relative

Parent/Guardian 2 Name: _____

- Lives with student(s):** Yes No **Relationship to student(s):** Adoptive Parent Biological Parent
- Step-Parent Grandparent
 - Other Relative Other Non-Relative

Household: Single Parent/Guardian Dual Parent/Guardian Other: _____

Student Address:

Street: _____ Apt./Floor: _____

City: _____ State: _____ Zip: _____

Student Living Arrangements:

- At Home Friends' Home Residential Placement
- Foster Home Relative's Home Shelter

Total Number of People in Household: _____

Household Language (check all that apply): English Spanish Other: _____

Annual Household Income:

- < \$5,000 \$20,001 - \$25,000 \$40,001 - \$45,000 \$60,001 - \$65,000
- \$5,001 - \$10,000 \$25,001 - \$30,000 \$45,001 - \$50,000 \$65,001 - \$70,000
- \$10,001 - \$15,000 \$30,001 - \$35,000 \$50,001 - \$55,000 \$70,001 - \$75,000
- \$15,001 - \$20,000 \$35,001 - \$40,000 \$55,001 - \$60,000 > \$75,000

Source(s) of Income (check all that apply):

- Employment (Student) SSI/SSDI Other: _____
- Employment (Parent/Guardian) Temporary Disability
- Public Assistance/Welfare Unemployment

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only

Form Completed By: _____

Form Input By: _____

Form Input Date: _____

STUDENT DEMOGRAPHIC FORM

Please complete each set of questions for **ONE student**. Additional Student Demographic Forms are available.

Student Information

Name: _____

Date of Birth: _____ Age: _____ Gender: Female Male

Race/Ethnicity (check all that apply):

- African American/Black White
- Amer. Indian/Alaska Native Hispanic/Latino
- Asian Other: _____
- Native Hawaiian/Pacific Islander _____

If Hispanic/Latino:

- Central/South American Puerto Rican
- Cuban Other: _____
- Dominican
- Mexican _____

School Status:

- Not Yet School Age Enrolled GED
- Graduated Dropped Out

Type of School:

- Public/Charter Private/Parochial
- Other: _____

Highest Grade Completed: _____

Previously Attended the Institute: Yes No

Student Information

Name: _____

Date of Birth: _____ Age: _____ Gender: Female Male

Race/Ethnicity (check all that apply):

- African American/Black White
- Amer. Indian/Alaska Native Hispanic/Latino
- Asian Other: _____
- Native Hawaiian/Pacific Islander _____

If Hispanic/Latino:

- Central/South American Puerto Rican
- Cuban Other: _____
- Dominican
- Mexican _____

School Status:

- Not Yet School Age Enrolled GED
- Graduated Dropped Out

Type of School:

- Public/Charter Private/Parochial
- Other: _____

Highest Grade Completed: _____

Previously Attended the Institute: Yes No

Today's Date: _____

Last Name(s): _____

Semester:

- Fall (12 weeks) Spring (12 weeks)
- Fall/Spring (24 weeks) Summer



For Staff Only
 Form Completed By: _____
 Form Input By: _____
 Form Input Date: _____

EMERGENCY CONTACT FORM

Student Name(s)

1. _____ 3. _____

2. _____ 4. _____

Parent/Guardian Name

Cell Phone

Contact via text?

1. _____

Yes No

2. _____

Yes No

Alternative Contacts Should Parent/Guardian Be Unavailable

Please DO NOT write the name of Parent/Guardian already listed (Please indicate name, telephone number and relationship to camper):

Contact Name

Phone Number

Relationship to Student(s)

1. _____

2. _____

3. _____

List of Other People Given Permission to Drop-Off and Pick-Up Child from Camp

Name

Relationship to Student(s)

1. _____

2. _____

3. _____
