



# CAB CALLOWAY Summer SCHOOL of the Arts

## Class Registration

Child's Name (First, Middle, Last) \_\_\_\_\_ Sex: M F

Date of birth (MM/DD/YY) \_\_\_\_\_ School \_\_\_\_\_

Grade Entering in September 2011 \_\_\_\_\_

Home address (Street) \_\_\_\_\_

Home address (City, State, Zip Code) \_\_\_\_\_

Home phone (include area code) \_\_\_\_\_

Mother/guardian \_\_\_\_\_

Father/guardian \_\_\_\_\_

Mother's work phone ( ) \_\_\_\_\_

Father's Work Phone ( ) \_\_\_\_\_

Mother's cell phone ( ) \_\_\_\_\_

Father's Cell Phone ( ) \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's email \_\_\_\_\_

My child is enrolling in **Cab Calloway Summer School of the Arts** for the following week(s)

**\$250/wk \*\*Exceptions: Week 3 is \$200 / weeks 4 \$330.00 (includes Kalmar Nyckel) / weeks 7 \$285.00 (includes Renaissance Faire)  
Some camps in weeks 4 and 7 do not include the trips and they are the \$250.00 fee... please see website for details!**

June 18 - 22 Class Name \_\_\_\_\_

June 25 - 29 Class Name \_\_\_\_\_

**\*\* July 2 - 6 (no class on the 4th)** Class Name \_\_\_\_\_

**\*\* July 9 - 13** Class Name \_\_\_\_\_

July 16 - 20 Class Name \_\_\_\_\_

July 23 - 27 Class Name \_\_\_\_\_

**\*\* July 30 - August 3** Class Name \_\_\_\_\_

I will need **Extended Day Care** for the following week(s) **(\$25/AM (Begins @ 7:00AM) ; \$50/PM (Ends @ 5:30PM):**

June 18 - 22 AM\_\_\_\_ PM\_\_\_\_

June 25 - 29 AM\_\_\_\_ PM\_\_\_\_

July 2 - 6 (no class on the 4th) AM\_\_\_\_ PM\_\_\_\_

July 9 - 13 AM\_\_\_\_ PM\_\_\_\_

July 16 - 20 AM\_\_\_\_ PM\_\_\_\_

July 23 - 27 AM\_\_\_\_ PM\_\_\_\_

July 30 - August 3 AM\_\_\_\_ PM\_\_\_\_

**PAYMENT:** If paying by check make payable to Cab Calloway Summer School of the Arts, LLC and drop off in person or mail to: Cab Summer, PO Box 4642, Wilmington, DE 19807. You may pay by credit card by filling out the information below.

NOTE: Be sure to include the three-digit CCV code on the back of your credit card.

\_\_\_ I wish to pay a 10% deposit by check. Final payment due May 15th, 2012

\_\_\_ I wish to pay in full by check.

\_\_\_ I wish to pay a 10% deposit by Visa/Mastercard. Final payment due May 15th, 2012

\_\_\_ I wish to pay in full by Visa/Mastercard.

Cardholder's Name \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Numbers: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Total Charges (from above): \_\_\_\_\_

**Please note: a signed Medical Information and Permissions form must be completed and returned along with this registration**

This program would be a great preparation for assessing at Cab Calloway School of the Arts. While it does not grant you any special treatment in the admission process, it will help you understand what is expected and how to prepare.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# CabSummer Medical / Information Form

Child's Name: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Grade entering: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 How did you hear about CabSummer?: \_\_\_\_\_

Is your child currently receiving special education services?: \_\_\_\_\_  
 If yes, a copy of the IEP MUST be attached.

## MEDICAL INFORMATION

If parents/guardians cannot be reached, call:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Indicate student's serious medical problems: \_\_\_\_\_

Student is allergic to: O Penicillin, O Aspirin, O Other: \_\_\_\_\_

I give permission for my child to have non-aspirin pain reliever as needed: O No O Yes

Date of last Tetanus (DPT): \_\_\_\_\_ OPV: \_\_\_\_\_ MMR: \_\_\_\_\_ HIB: \_\_\_\_\_ HepB: \_\_\_\_\_ Varicella: \_\_\_\_\_

**The Delaware Division of Public Health requires that the above vaccination dates be kept on file for all students. Students cannot register without updated medical information. Records currently on file with Cab Calloway School of the Arts are not acceptable.**

Medical Insurance Co.: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

In order to provide the best experience possible for your child please check where appropriate:

GENERAL INFORMATION:	No	Yes		No	Yes		No	Yes
ADHD			Cancer			Hemophilia		
ADD			Convulsions/seizure			High blood pressure		
Asthma			Diabetes			Kidney disease		
Autism			Heart trouble			Leukemia		
Cancer								
Other information: _____								

**NOTE:** Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. All medications must be clearly labeled with child's name and name of camp. All medications must be turned into the camp director.

Does your child require handicap accessibility? O No O Yes

CONDUCT POLICY	NON-DISCRIMINATION POLICY
School relationships are based upon trust, mutual respect and confidentiality. For our children to have a more positive experience, we require: respectful dialogue, appropriate use of equipment and compliance with safety rules. Aggressive or bullying behavior is unacceptable. We reserve the right to dismiss any student whose conduct is detrimental to the program, whose needs will not be met within the context of our program, or whose family does not respect the rights of other camp families. No refund will be issued.	CabSummer admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PHOTOGRAPHY: From time to time CabSummer students are photographed by representatives of the news media in conjunction with the camp's activities. Students also are routinely photographed for inclusion in school-related materials disseminated to the public in print and via the internet. Parents who do not want their children photographed should contact the office at 302-766-3411

**I hereby waive and release CabSummer LLC from any and all liability for any injuries or illness incurred while attending CabSummer 2012 programs. I have no knowledge of any physical condition that would be affected by the above named student's participation in the program.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_