CAPE ANN ARTS ALIVE ~ 2023

Registration

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| **CHILD’S NAME:**  | **AGE / BIRTHDAY:** |
| **SCHOOL:** | **GRADE:** |
| **Any Known ALLERGIES or HEALTH CONCERNS:** |
| **Any SINGING or CHORAL EXPERIENCE, in school church, or elsewhere?** |
| **INTERESTS AND ACTIVITIES: Sports, Dance, Gymnastics, Drama, Musical Instrument, Hobbies, etc.** |
| **PARENT/GUARDIAN:** |
| **PHONE:** | **EMAIL:**. |
| **STREET ADDRESS:** |
| **EMERGENCY CONTACT: Relation:** |
| **PHONE:** | **EMAIL:** |
| **STREET ADDRESS:** |
| **TRANSPORT:** *(if other than parent or emergency contact)* |  |  | **PHONE:** |  |
| PLEASE NOTE: *M,T,Th,F: 8:30 Drop-off 1:00 Pick-up (St. John’s Episcopal Church, 48 Middle St. Gloucester)**Wed: 8:30 Drop-off 1:00 Pick-up (at the city lot at corner of Harbor Loop/Rogers St., GLO. Adventure Sail!)* |
|  **PHOTO****PERMISSION:**  *We typically keep photo/video records of activities and performances, which may be used on our website or for publicity.* I give permission for my child to be photographed*.* Please do not include my child in photographs or videos. *Please let us know if you have any concerns about this, so we can plan our picture taking accordingly.* |
| **TUITION: $150 per child; $100 per each additional child in the household***(included in tuition: Cape Ann Museum workshop, Schooner Adventure sail, music & art materials, snack.)**For scholarship assistance please contact: Directors at CAAA,* *capeannartsalive@gmail.com* |
| **SUBMIT REGISTRATION FORM and TUITION PAYMENT by AUGUST 13th.****ONLINE**: Complete and submit registration form on our website..Or send completed form to capeannartsalive@gmail.com (subject: **CAAA 2023 Registration**) Payment by Venmo: @capeannartsalive**BY MAIL: Send to Cape Ann Arts Alive,** % Kristina Martin, 9 Norwood Ave., Rockport, MA 01966 Please write tuition check to **Cape Ann Arts Alive.** |
| *I understand the nature of the varied activities planned for this program. I hold harmless teachers/directors from liability and claims arising out my child's participation. In the event of accident or illness, the directors have my permission to seek necessary emergency treatment if the guardian cannot be reached.***SIGNATURE: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |