



Children's Performing Arts Academy

Spring 2012, March 7 – May 5

Wed. 6-7:30pm, Fri 6-7:30pm & Sat 10-11:30am

Application Form

Please type or print clearly.

Application may be photocopied as necessary

I. Applicant Information

Applicant's full name _____

Mother/Guardian Name _____

Father/Guardian Name _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Tel. (_____) e-mail: _____

Date of Birth ____/____/____ Age: _____ Male/Female: _____
(Month/date/year)

How did you learn about the Children's Performing Arts Academy?

Friend Website Newspaper Radio School Other _____

II. Applicant's School Information

School Name: _____

School Address: _____

School City: _____ State _____ Zip _____

School Grade Level _____

III. Background Information

Have you participated in the Newark Symphony Hall Summer or Children's Performing Arts Academy before? Yes No

If yes, please indicate what year _____

Have you participated in an Arts Training Program in the past? Yes No

If yes, please list which program and year you participated _____

Have you participated in training programs in other schools or organizations? Yes No

If Yes, please list the name of the program, school/organization _____

How many years have you been studying your art form (s)? _____

List artistic accomplishments, honors or positions you have earned (Region, All-State, theater roles, awards, etc.) in the past three years: _____

IV. Class Selections

Please check the desired class for which you are applying.

Liturgical/Praise Dance

Drama/Acting

Vocal Music (R&B)

Vocal Music (Gospel)

V. Tuition Fees

Open registration: March 7, 2012 – May 5, 2012

\$200.00 for each artistic discipline (Includes all 8 weeks/24 classes of the program)

Payments accepted by cash, credit card or money order only. (No Personal Checks)

Please note that the Tuition Payment is non-refundable

Newark Symphony Hall / Spring Children's Performing Arts Academy / 1030 Broad Street Newark, New Jersey 07102
973.643.4550 ext: 100; 973-643-6722 fax

VI. Partial Scholarship Assistance (Newark Residents Only)

Are you interested in receiving a partial scholarship for your program fees? Yes No

If Yes, continue completing this section. If No, skip to section VII.

Number of adults in your household: _____ Number of children in your household: _____

Number of adults who contribute to household finances: _____

*Annual household income: \$ _____

Are there college students living in your household for whom tuition is being paid through household finances? Yes No

If yes, please note how many students: _____

Are additional members of your household applying for the Spring Children’s Performing Arts Academy Program as well? If yes, list name(s) _____

*If you are applying for partial scholarship assistance, please provide the latest copy of your income tax documents with the completion of this application. Only applicants with supported documents will be considered.

VII. Student Agreement

I, _____ understand that membership and participation in this program may be terminated if I fail to comply with the rules and requirements set forth. In addition, I agree to abide by all requirements, policies, schedules, etc., stated in the enclosed information or which may be adopted in the future by NPAC officials. I understand that NPAC does not discriminate based on race, color, religion, sex or national origin.

I have read the information set forth in this application and will fulfill the requirements as are previously stated.

Applicant’s Signature _____ Date _____

VIII. Parental Release and Agreement

As the parent or legal guardian of the individual named above, I declare that I have read the endorsement, which my child has signed. I give permission for him/her to participate in the NPAC Children’s Performing Arts Academy. I promise to assist my child in fulfilling NPAC obligations and in meeting aforementioned expenses.

Parent/Guardian Signature _____ Date _____

Emergency Medical Care

Participant's Name _____ Date of birth _____

HEALTH RECORD (To be completed by parent or guardian)

This confidential information will only be used to ensure the safety of the children in the program. This record will not be shared outside of the Academy.

Condition	Yes/No	Allergy	Yes/No
Asthma	_____	Penicillin	_____
Convulsions/Seizure	_____	Insect Bites	_____
Diabetes	_____	Foods	_____
Infection	_____	Plants	_____
Chicken Pox	_____	Hay Fever	_____
Measles	_____	Topical Ointments	_____
German Measles	_____	Other	_____
Rheumatic Fever	_____	If yes to any of the above, please describe reaction _____	
Mumps	_____	_____	
Corrective devises (glasses, hearing aids)	_____	_____	
Does your child use an inhaler?	_____		

List significant illnesses or surgeries. Provide the date and any instructions.

Special situations or needs that program should be aware of:

Child has behavioral/emotional difficulties

Child has physical disabilities

Other (describe)

Special Health Care Needs

Does your child have any special health care needs that require treatment? Yes No

Medication

Does your child take medication for any condition or illness? Yes No

If yes, describe below.

Health/Insurance Information

Participant's doctor: _____ Insurance Company _____

Phone: _____ Policy Holder's ID _____

Allergies: _____ Religious Preference: (optional) _____

Last Tetanus: _____ Medication(s) being taken: _____

Doctor's address: _____

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in the Summer Performing Arts Academy.

Parent/Guardian Signature _____ Date _____

Release of Child

My child will be picked up by me or one of the following individuals:

Name relationship to child telephone number

Name relationship to child telephone number

Do not release child to the following individual(s):

Name relationship to child

Emergency Contacts

Please identify two persons who may be called if you are not available.

First Name Last Name

First Name Last Name

Relationship to Child

Relationship to Child

Home Phone

Home Phone

Work Phone

Work Phone

Other phone

Other phone

Street Address

Street Address

City State Zip

City State Zip