



# Student Information Form

## Summer Camp 2010 Age \_\_\_\_\_

### Student's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
County: \_\_\_\_\_ Resident of City of Atlanta? Yes No  
Race/Ethnicity: \_\_\_\_\_ Gender: Male Female  
Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Student's School: \_\_\_\_\_  
Please put me in class with my friend: \_\_\_\_\_ (friend's name here)

### Parent or Guardian Information

Relationship to Student: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Mobile/Pager Phone Number: \_\_\_\_\_  
**Is the Parent or Guardian also the Emergency Contact? Yes No**

### Emergency Medical Info

In case of emergency, contact: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Mobile/Pager Phone Number: \_\_\_\_\_  
Medical conditions, allergies, etc. \_\_\_\_\_  
Actions to be taken in case of allergic reaction: \_\_\_\_\_  
Family Doctor/Pediatrician & Phone \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_

### Optional Data

The following information is needed for statistical data related to Moving in the Spirit programs. It will not affect your child's participation in our programs and is kept confidential. Completion of this section is optional; however, your assistance is greatly appreciated.

Are you currently receiving public assistance? Yes No

If yes, list types (AFDC, SSI, etc): \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Number of people in your household, including the student: \_\_\_\_\_

## Summer Camp 2010 Information

Summer Camp, developed by the Moving in the Spirit Alumni, combines dance instruction with youth development workshops and recreational field trips. The two-week program provides campers with a safe environment where they can have fun while learning discipline, developing life skills and increasing self-esteem. Committed to personalized attention, our teachers nurture creativity within each camper and serve as role models. Moving in the Spirit's Summer Camp is for young people ages 8 – 14.

### Schedule - Monday through Friday, July 26th – August 6, 2010

Daily Drop Off Time: 7:30-9 AM

Daily Pick Up time: 5-5:30 PM\*

\*Please read the late pick-up policy in the Contract of Commitment

**Scholarships** - Need-based scholarships are available. To be considered for a scholarship, please submit a scholarship application in lieu of payment with your camp registration forms. The deadline for submitting scholarship applications is June 1st.

**Cost** - \$225 for the two-week camp, which includes dance classes, two enrichment field trips, leadership workshops and a performance. Payment may be made via cash, check or money order. Sorry, no credit cards accepted.

**Maximum Enrollment:** 36 campers, Ages 8-14

### Required for Registration

-Student Information Form

-Parent & Dancer Contract of Commitment and Release Form

-Payment of \$225 or Completed Scholarship Application

Please mail these forms to: Moving in the Spirit Summer Camp - PO Box 17628 - Atlanta, GA 30316 or bring them to our offices at 750 Glenwood Avenue, Atlanta, GA 30316

**Refunds/Withdrawing from Camp** - To withdraw from camp, parents must notify the Summer Camp Director one full week before the first day of the camp, which is July 19, 2010. No refunds or transfers will be given after this date. When issuing refunds, Moving in the Spirit retains a \$30.00 cancellation fee per camper, per session. *Refunds will not be given for classes missed due to student absence.*

### The camp program will consist of:

- Dance technique classes in Hip Hop, Jazz, African, and Modern
- Choreography classes where students learn a performance routine
- Game Time & Craft Projects
- Wildcard Classes featuring a variety of surprise topics
- Health and life skills classes
- Educational and recreational field trips
- A public performance on the final day of camp

**Dress** - All campers should wear cool, comfortable clothing that allow them to move freely. Girls may wear a leotard and tights; boys may wear a t-shirt and sweat pants. Please keep hair well groomed and pulled back. No shoes will be allowed on the dance floor. Please send your child to camp with clothes that are clearly marked with his/her name.

**Food** - Students should bring a sack lunch with drink that will be stored in a refrigerator. Students should eat breakfast before coming to camp.

**End of Camp Performance** - On the last Friday of camp, August 6, 2010, students will participate in a public performance to demonstrate what they have learned. The show will take place at The Beam at 6 PM. Admission will be \$3. On August 6<sup>th</sup>, students will remain at camp all day until the performance concludes. Parents, family and friends should arrive between 5:30-6 PM to be seated for the show.

**If you have any questions, please call the Summer Camp Director at (404) 624-5295, ext. 245**

**Moving in the Spirit – Summer Camp 2010**  
**Parent & Dancer Contract of Commitment and Release**

I realize that *Moving in the Spirit* will be teaching respect, discipline, commitment, responsibility, and accountability through dance. I understand that my child will be involved in the *Summer Camp*. For the purpose of maintaining a high quality standard in our technical progress, performance quality and personal growth, we ask that all parents and dancers thoroughly read, understand and agree to the following:

- I understand the late pick-up policy. If I arrive late to pick up my child, there will be a \$10 late fee. I need to pay the fee by the last day of camp in order for my child to participate in the end of camp performance. If I am unable to pick up my child on time, I will make arrangements with Chris McCord, the Summer Camp Director, and will still be charged a modified late fee.
- I understand that camp sessions are not available for me to observe, but that there will be a performance on the last Friday of my child's camp session at 6:00 p.m. If visits to class are necessary, I understand that I must schedule a visit through the Camp Director.
- I understand that camp representatives are available to answer questions in the mornings before camp starts as well as at the end of the camp day.
- I hereby authorize the bearer who is a member of the staff of Moving in the Spirit to sign on my behalf any and all forms required to obtain emergency medical treatment or hospital care for my child. I specifically authorize and request that you provide necessary emergency treatment to my child. A photocopy of this authorization shall have the same force and effect as the original.
- I hereby give Moving in the Spirit and its representatives permission to use (display, sell, publish, license, etc.) photographs and video recordings made of my child for all purposes, including advertising, editorial, trade and stock photography, and video.
- I do hereby give my child permission to participate in any off-site field trips. I realize that if my child chooses to act in a manner that is inappropriate and disruptive off-site, I will come and pick him/her up at the site.
- I understand that tuition is due before the first day of camp. I understand that the total tuition is based on a 2-week fee for the total amount of instruction provided, not the number of days per week.
- I do hereby release, protect, indemnify and hold harmless, Moving in the Spirit and its agents, representatives, employees, successors and assigns, from and against any and all claims, liabilities, suits, actions, or proceedings which may arise out of, or in any way may be connected with, any illness or injury occurring during camp on-site and during off-site field trips. This indemnity shall include, but shall not be limited to, indemnification with respect to any costs of defense and attorney fees.

**OVER →**

**STUDENT:**

I, \_\_\_\_\_, promise to do my very best to be respectful, responsible, and dedicated to learning throughout dance camp. I will be certain to put my best foot forward in everything I do, at home, at Moving in the Spirit and everywhere I may go. I know that I will have a lot of fun, but that I will also have to work hard during camp. I am committed and ready to learn. I plan to be here for the entire two-week session, so that I may reap the benefits and rewards of finishing what I start.

\_\_\_\_\_  
Student's Signature Date

**PARENT:**

I do hereby give my child \_\_\_\_\_ permission to participate in the *Moving in the Spirit Summer Camp*. I commit to make every effort to get my young dancer to camp on time and prepared, as well as pick him or her up on time. I realize that Moving in the Spirit fosters the values of responsibility, respect and dedication and I will do all that I can to uphold these principles. I realize that if my child chooses to act in a manner that is inappropriate and disruptive, he/she will be asked to leave the class and will not be able to re-enter the class without a conference with my the Moving in the Spirit teacher, my child, and me.

\_\_\_\_\_  
Parent's Signature Date Daytime/Evening Phone Number(s)

**These persons are authorized to pick-up my child after class. Please list Name, Relationship, and Phone Number.**

1) \_\_\_\_\_

2) \_\_\_\_\_

# Scholarship Application Summer Camp 2010

Please return to PO Box 17628 Atlanta, GA 30316 or fax to (404) 624-5299

We at Moving in the Spirit are excited to offer the Scholarship Program. We want to provide an opportunity for all children who desire to dance. On a separate sheet, please state your reasons for need of support. Please be detailed. **To be considered, scholarship applications must be submitted with all requested forms and information by June 1, 2010.** For further questions, please contact Chris McCord, (404) 624-5295.

Dancer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you married? Yes No

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Current Salary \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Current Salary \_\_\_\_\_

All other income (rents, child support, Social Security, etc) \$ \_\_\_\_\_

**Total combined family income (indicate monthly or annually)** \$ \_\_\_\_\_

List the names and ages of all dependents (those you claim on our Federal Tax Forms)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

I understand that I am completing an application for consideration of a scholarship at Moving in the Spirit. The application will be reviewed and I will be contacted for an interview if appropriate need is determined and money is available.

**Please provide Moving in the Spirit with the following information, which shall remain confidential:**

- Copy of two (2) pays stubs/ a letter from your employer verifying your current salary or copy of Social Security or Disability checks/award letters.
- Copy of last year's tax return (form 1040 and W-2).

Please read the following carefully:

By signing this application, I am stating my desire to receive a scholarship through Moving in the Spirit. I understand that Moving in the Spirit can reject my application without explanation. This information provided in this application is accurate to the best of my knowledge.

Parent's Signature: \_\_\_\_\_