



Savannah Children's Choir

SCC Summer Camp 2020 Registration

Contact Information:

Student Name: _____ DOB: _____

Gender: _____ Grade entering fall 20': _____

School Attending: _____

T-Shirt Size: (Options: Child Small-Large, or Adult Small-XL): _____

Are you already a member of SCC? _____

If so, which SCC Choir are you a member of? _____

Do You Participate in any other choirs? _____

Do you play any instruments? _____

Do you have any hobbies? _____

Parent/Guardian Information:

Mother / Guardian Name: _____

Phone Number: _____ Email: _____

Father / Guardian Name: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contacts:

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

Authorized Pick-Up (Aside from Guardians):

Name: _____ Phone Number: _____



Medical Information:

Name of Physician or Clinic: _____

Phone Number: _____ Hospital Choice: _____

Does your 1st child have any food, medical, or environmental allergies? _____ YES _____ NO

If YES, please list: _____

Does your 1st child have any special health or medical condition? _____ YES _____ NO

If YES, please explain: _____

Does your 2nd child have any food, medical, or environmental allergies? _____ YES _____ NO

If YES, please list: _____

Does your 2nd child have any special health or medical condition? _____ YES _____ NO

If YES, please explain: _____

Does your 3rd child have any food, medical, or environmental allergies? _____ YES _____ NO

If YES, please list: _____

Does your 3rd child have any special health or medical condition? _____ YES _____ NO

If YES, please explain: _____

Emergency Medical Authorization:

Should (child's name) _____ (DOB) _____

Should (child's name) _____ (DOB) _____

Should (child's name) _____ (DOB) _____

suffer an injury or illness while in the care of Savannah Children's Choir and the facility is unable to contact me (us) immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

Parent / Guardian: _____ Date: _____

signature

SCC Administrator: _____ Date: _____

signature



Photography Waiver:

The Savannah Children's Choir has my permission to use my or my child's photograph publicly to promote the Choir. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent / Guardian: _____ Date: _____
signature

Summer Camp Rates: Discovery \$260
 Inspiration, Premier, & Leadership \$280

Payment Information:

Person responsible for billing: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Options:

Option 1: TUITION PAID IN FULL

Amount: _____ Date received: _____

Staff Initial: _____ Payment method: _____

Option 2: SCHOLARSHIP REQUEST

A. TANF and Food Stamp or Public or Assisted Living Households:

- a. Do you NOW receive TANF for your child(ren)? _____ YES _____ NO
- b. Do you NOW receive food stamps for your child(ren)? _____ YES _____ NO
- c. Do you live in public housing or use Section 8 housing assistance? _____ YES _____ NO

B. School System Approved Lunch Letter:

- a. Do you have a current FREE or REDUCED lunch letter from an approved School Board?

C. Explanation of Request:

- a. SCC believes that no singer should be unable to participate due to financial limitations and makes every effort to accommodate each request. If you do not qualify for items listed above but are still seeking financial aid, please submit an explanation (Letter C) of why it is important to your child to contribute to SCC by singing in choir and, if applicable, what percentage you could offer toward tuition. This letter will be reviewed by our board for approval.