



Schoener MusicMan Academy

at

UDCOC

Located at Christ Lutheran Church
7240 Walnut St., Upper Darby

Registration Form

for Little Stars 

and/or

Community Drumming for Kids

Please Print

Personal Information		
Camp enrollment is limited. All registrations are processed in the order they are received.		
Child's first name:	Preferred name:	Child's last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:	Age as of June 17:
School Child attends:	School District:	Grade completed this school year:

Residence/Mailing Information		
Address #1 <input type="checkbox"/> Camper's home <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Street:	City, State, Zip
Address #2 <input type="checkbox"/> Camper's home <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Street:	City, State, Zip
My child is living with: <input type="checkbox"/> Mom & Dad together <input type="checkbox"/> Mom & Dad separately <input type="checkbox"/> Mom only <input type="checkbox"/> Dad only <input type="checkbox"/> Other: _____	Best Phone Number for Contact:	

Parent/Guardian information	Parent/Guardian #1	Parent/Guardian #2
First Name		
Last Name		
Relationship to Camper		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

Choose what applies:

<input type="checkbox"/> The Little Stars Workshop	July 8th-12th Monday thru Thursday, 9:30-10:30 am: with a performance on Friday July 12th at 11:00 a Minimum of 15 participants. Participants must have completed K, 1st or 2nd grade.	Amount: \$49.00
<input type="checkbox"/> Community Drumming for Kids	July 15-19 Elementary Drum Circle-Grades 3,4,5-9:30-10:15 am Intermediate Drum Circle-Grades 6,7,8-10:30-11:15 am Friday Rehearsal: 10:15 – 11:15 am Performance on Friday – 11:30 am	Amount: \$49.00

Scholarships available based on eligibility if enrolled in UDCOC Summer Camp.
Please contact UDCOC staff for more information.

Please complete both sides



PERMISSIONS

I hereby give permission to the medical personnel selected by the camp to provide routine health care and to administer medication. In the event that I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.

I hereby give permission for photographs and videos to be taken of my child. Schoener MusicMan Academy and UDCOC Day Camp has the right to utilize these in camp brochures and displays as well as other mediums including but not limited to: electronic, video and print.

I agree that Christ Lutheran Church, the Upper Darby Community Outreach Corporation, Upper Darby Arts & Education Foundation and Schoener MusicMan Academy shall not be responsible for any personal injuries or losses sustained by me or my child while on any Church or UDCOC premises, or as a result of any camp sponsored activity. I further agree to indemnify and hold harmless Christ Church, Upper Darby Community Outreach Corporation, Upper Darby Arts & Education Foundation and Schoener MusicMan Academy from any claims or demands arising out of any such injuries or losses.

☐ I have read and agree to all terms, conditions and permission on the enrollment application.

Parent/Guardian Full Name (please print)

Parent/Guardian Signature

Date

Policy Statement: It is the policy of the **Upper Darby Community Outreach Center** and the **Schoener MusicMan Academy** to provide financial assistance to applicants who request or whenever possible. The intent of this policy is accomplished by setting fees at rates affordable to the majority of the residents in our community and providing financial assistance to increase accessibility to our programs. Please note, that financial assistance is limited, and funds will be disbursed based on applicant's financial need.

UDCOC Credit Card Information

Campers Name(s):

Date:

☐ Charge on Non-Refundable registration to card provided below

Card type: ☐ Visa

☐ Master Card

☐ American Express

☐ Discover

Card Number:

Exp Date: ____/____

Security Code: _____ (3 digits on the back of card. For AmEx 4 digits located on front.)

Cardholder's Name (please print)

Cardholder's Billing Address

Street

city, state, zip

Cardholder's Signature:

The Schoener MusicMan Academy is made possible by a partnership with the **Upper Darby Arts and Education Foundation**, and **Mayor Thomas Micozzie**, Upper Darby Township.



Mail this registration form and deposit to or stop in the office at:
UDCOC Summer Day Camp
7240 Walnut St
Upper Darby, PA 19082

Please complete both sides