

schola artium summer session

ST JOHN THE BAPTIST · 411 FLORENCE ST · YPSILANTI MI 48197 · 734.483.3360

camper application

camp schedule

JULY 10 - AUGUST 9, 9:00 AM - 1:00 PM
TUESDAYS, WEDNESDAYS, AND THURSDAYS

Activities include instrumental music, vocal music,
music theory, aural skills, small and large ensembles.

Camp day includes breakfast & lunch.

All instruments, music and other materials will be provided
to students free of charge by Schola Artium for camper use.

Campers will be accepted until all spaces are filled.

Priority will be given to families that demonstrate specific financial need.

application deadlines & notification dates

Applications submitted on or before Monday, June 25
will be notified of camper acceptance by Friday, June 29.

Walk-in applications may or may not be accepted depending on available space.

and did we mention - this summer session is FREE!

camper information

FULL NAME :	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS :	PHONE :
CITY, STATE, ZIP :	DATE OF BIRTH : ____ / ____ / ____
SCHOOL CHILD ATTENDS :	GRADE THIS FALL :
DOES CHILD QUALIFY FOR FREE/REDUCED LUNCH OR EBT/BRIDGE CARD (FOOD STAMPS) ? (circle) YES / NO	

parent / guardian information

CHILD IS IN CUSTODIAL CARE OF : <input type="checkbox"/> BOTH PARENTS/GUARDIANS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> _____	
NAME OF MOTHER / GUARDIAN 1 :	PHONE :
RELATIONSHIP TO CHILD : <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> _____	
NAME OF FATHER / GUARDIAN 2 :	PHONE :
RELATIONSHIP TO CHILD : <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> _____	

emergency contact & health information

EMERGENCY CONTACT MUST NOT BE A PARENT/GUARDIAN

NAME :

PHONE 1 :

RELATION TO CHILD :

PHONE 2 :

HEALTH CONCERNS & ALLERGIES :

consent & release

I, _____ (print name), hereby consent to participation by the above named children to attend a summer day camp sponsored by Schola Artium, a ministry of St. John the Baptist Catholic Church of Ypsilanti, Michigan and the Roman Catholic Diocese of Lansing. I understand that this event will take place on the grounds of St. John the Baptist Catholic Church of Ypsilanti, Michigan, and that my child will be under the supervision of St. John the Baptist / Schola Artium staff.

In the event of a medical emergency, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to St. John the Baptist Catholic Church, Schola Artium and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to staff and volunteers who are responsible for my child. I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

In consideration of my child being allowed to participate in the program, I hereby agree on behalf of myself and my child, to release Schola Artium, St. John the Baptist Catholic Church, the Roman Catholic Diocese of Lansing, Bishop Earl A. Boyea, and their representatives (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this program. This release or indemnification does not apply to claims of intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I give permission for my child to be photographed and/or videotaped, and for the camp, Schola Artium and St. John the Baptist Catholic Church to use the pictures and/or video for publicity and other purposes.

SIGNATURE OF PARENT / GUARDIAN

DATE

please complete both sides & return to :

Schola Artium · 411 Florence St · Ypsilanti, MI 48197

Questions? Contact Stephanie at 734.483.3360.