

BSD SUMMER ARTS EXPERIENCES 2022

ELEMENTARY MUSICAL THEATER CAMP, JULY 25-29

FOR GRADE LEVELS: RISING 4, 5, 6, 7, 8, 9, 10, 11

Registration Form

PAYMENT MUST BE RECEIVED IN FULL IN ORDER TO FINALIZE ENROLLMENT

NOTE: NO DISTRICT TRANSPORTATION IS AVAILABLE

Student Last Name

Student First Name

M.I.

Grade (2021-2022)

Gender

Birthdate

Race

Current School (2021-2022)

Next Year School (2022-2023)

Parent Last Name

Parent First Name

Address: Number / Street / Apt. #

City

State

Zip

Home Phone

Work Phone

Cell Phone

E-Mail Address

I authorize the release of school records/information to Summer School 2022.

PARENT/GUARDIAN SIGNATURE

DATE

Emergency Contact

Relation to Child

Phone

MUSICAL THEATER CAMP
7/25/2022 - 7/29/2022

Total Fee: \$100.00

REGISTRATIONS ACCEPTED THROUGH MAY 2, 2022

Registrations may be submitted to FineArtscamps@bsd.k12.de.us

2022

District: Brandywine School District

School Name: FINE ARTS CAMP

Student Name: _____

Date of Birth: _____

Grade: _____

Student ID: _____

DELAWARE EMERGENCY TREATMENT CARD

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

Guardian One Information / Relationship: _____	Guardian Two Information / Relationship: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Home Address: _____	Home Address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____

Day Care Name: _____	Day Care Phone: _____
Sibling Name: _____	School Attending: _____
Sibling Name: _____	School Attending: _____
Family Physician: _____ Phone: _____	Family Dentist: _____ Phone: _____

IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

	Name	Relationship	Home Phone	Mobile Phone	Work Phone
1					
2					
3					

Student's serious medical problems & routine medications (Please notify the school nurse)	Student's allergies (Names of Food, Medicine, or Other – BE SPECIFIC) (Please notify the school nurse)

Medical Insurance: _____ -OR- _____
MEDICAID NO. INS. COMPANY INS. ID NUMBER GROUP or ACCOUNT

I give permission for my child to have the following medication(s), as determined by the nurse:

Yes No **Acetaminophen** (*Tylenol or a generic brand*) Yes No **Ibuprofen** (*Advil or a generic brand*)

Yes No **Antihistamine** (*Benadryl or a generic brand*) Yes No **Antacid** (*Tums or a generic brand*)

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school may call an ambulance prior to contacting the parents in order to seek immediate medical care.

In case of emergency and/or need of medical or hospital care the school will call EMS (911) for transport to the nearest medical facility.

1. The school will contact the parents utilizing all numbers available listed on the emergency card.
2. The school will call the other telephone number(s) listed.
3. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
4. The school will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature _____

Date _____