

# Application 2009

Send this completed application, with appropriate fee to:  
**Westchester County Summer Music Center, 25 Moore Ave. Mount Kisco, NY 10549**

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

The following is a list of instruments for which instruction will be offered. Please select two instruments from this list. Put a #1 next to the instrument that you would like to be your primary instrument. Next, put a #2 next to your first choice of secondary instrument. Then put an A next to your alternate choice for a secondary instrument (in case your first choice can't be scheduled).

- |                                   |                                      |  |  |
|-----------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Violin   | <input type="checkbox"/> Bass Violin | <input type="checkbox"/> Percussion    | <input type="checkbox"/> Acoustic Guitar |
| <input type="checkbox"/> Recorder | <input type="checkbox"/> Viola       | <input type="checkbox"/> Cello         | <input type="checkbox"/> String Bass     |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Flute       | <input type="checkbox"/> Oboe          | <input type="checkbox"/> Bassoon         |
| <input type="checkbox"/> Piano    | <input type="checkbox"/> Sax         | <input type="checkbox"/> Trumpet       | <input type="checkbox"/> French Horn     |
| (Beginner)                        | <input type="checkbox"/> Trombone    | <input type="checkbox"/> Baritone Horn | <input type="checkbox"/> Tuba            |

Have you taken lessons in these instruments to date? Choice #1  YES  NO  
 Choice #2  YES  NO

If yes, please describe, for each instrument, with whom you studied & length of time.

Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

## MUSIC CENTER DATES

Monday, June 29 - Friday, Aug. 7 | 9 a.m. - 12:30 p.m. daily

FEE	PRIOR TO MAY 22, 2009		AFTER MAY 22, 2009	
Camp	\$525 per student	\$575 per student	Act. #20005	\$
Camp with Piano	\$575 per student	\$625 per student	Act. #20006	\$
Non-Westchester Residents add \$75			Act. #20007	\$
Westchester resident with a current County Park Pass deduct \$20 per student			Act. #20007	\$ ( )
The third member of each family receives a 10% discount				\$ ( )
<b>TOTAL AMOUNT DUE</b>				<b>\$</b>

All fees are non-refundable. Registration is limited and is taken on a first-come, first-served basis.

Park Pass Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please make your check payable to the **Westchester County Summer Music Center** or charge it to your credit card.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Printed name of Cardholder \_\_\_\_\_

FOR OFFICE USE:			
Date	By whom:	Payment: ck	cc

# Application 2009

**NOTE: Both sides of this form must be completed in full. Please print.**

STUDENT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE IN SEPTEMBER '09 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARK PASS NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Please check here if you would like your name & telephone number included on our carpool list.

CHILD'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT, OTHER THAN PARENT \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITALIZATION INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**Medical History:** Please list any medical or behavioral concerns that will assist our staff in properly caring for your child.

**Immunization Records:** (Required by NYS Health Department) Please write in the EXACT DATES - Month/Day/Year for each - Do not just attach a physician's form.

- |   |              |
|---|--------------|
| 1. Diphtheria/Tetanus Toxoid (4 doses)  | Dates: _____ |
| 2. Oral Polio Vaccine (3 or more doses) | Dates: _____ |
| 3. Live Measles Vaccine (1 or 2 doses)  | Dates: _____ |
| 4. Live Rubella Vaccine (1 dose)        | Dates: _____ |
| 5. Live Mumps Vaccine (1 dose)          | Dates: _____ |
| 6. Hepatitis B Vaccine (3 doses)        | Dates: _____ |

**Note:** If medication must be administered during camp hours, please request, complete and submit the "Permission for Medication Administration" form.

### PLEASE READ & SIGN:

I hereby certify that the information I have provided on this application is correct and that, unless specified above, my child is in normal physical and mental health. I give my permission for my child to participate in all Music Center activities and I understand that continued misbehavior on the part of my child will result in dismissal from the Music Center, without consideration of a refund.

I also understand that the County of Westchester is self insured and does not cover medical costs for persons injured during the normal course of participation in this program. Students participate at their own risk. If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray and needed medical treatment.

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_