

Summer Piano Camp

Registration • Summer 2021

STUDENT NAME _____ DATE OF BIRTH _____ **LAST 4 DIGITS OF SOCIAL SECURITY NUMBER**
OR SCHOOLCRAFT ID NUMBER

PARENT/GUARDIAN _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

DAYTIME PHONE (INCLUDE AREA CODE) _____ ALTERNATE PHONE _____ EMAIL ADDRESS _____

TUITION DUE **\$360**

OFFICE USE ONLY

AMOUNT TO BE CHARGED	AMOUNT	CES/SECTION 3659/932951
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RECEIPT NUMBER		
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Emergency Information required for all registrants

PRIMARY CONTACT _____ RELATIONSHIP _____ PHONE NUMBER WHILE STUDENT IS IN CLASS _____

ADDRESS IF DIFFERENT FROM STUDENT'S _____

SECONDARY CONTACT _____ RELATIONSHIP _____ PHONE NUMBER WHILE STUDENT IS IN CLASS _____

MEDICAL INFORMATION NONE
 CONVULSIVE DISORDER DIABETES/HYPOGLYCEMIA ALLERGIES (STINGS, DIETARY) OTHER

PLEASE DESCRIBE SYMPTOMS AND PRECAUTIONS _____

ANY OTHER MEDICAL INFORMATION? _____

I agree to indemnify and hold harmless Schoolcraft College, its officers, agents, and employees for any loss or injury that my child may sustain while participating in Schoolcraft programs. In case of an emergency, I ask Schoolcraft College to contact an adult listed above. If the college is unable to reach one of us, I authorize the college to secure emergency medical treatment for my child. I understand that Schoolcraft College may take photographs and/or video of my child during class activities that may be used in marketing and publicity.

Mail to: Schoolcraft College Music Office
 Attn: Pat Minnick
 18600 Haggerty Rd.
 Livonia, MI 48152-2696

REQUIRED SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

TOTAL AMOUNT ENCLOSED

INDICATE METHOD OF PAYMENT

- CHECK OR MONEY ORDER** PAYABLE TO SCHOOLCRAFT COLLEGE
- MASTERCARD, VISA, DISCOVER**
With a charge card number, you may FAX your registration to 734.462.4598.

1. Are you Hispanic? Yes No
2. Please select one or more races:
 American Indian or Alaska Native
 Asian Black or African American
 Native Hawaiian/Other Pacific Islander
 White
3. Male Female

CARD NUMBER _____ EXPIRATION DATE _____ SIGNATURE _____

