

# Dream Camp Summer Application Form

\*Please submit application to the office by April 17<sup>th</sup> (or as early as possible). Space is very limited. You will be notified if your child has been accepted by April 30<sup>th</sup>. Please pay the deposit after your child's acceptance letter is received. Mahalo!

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Room Number \_\_\_\_\_

Contact Name#1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact email \_\_\_\_\_

Contact Name#2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact email \_\_\_\_\_

Allergies/Health/Behavior Concerns:

\_\_\_\_\_

Would your child be able to read a simple script comfortably?

\_\_\_\_\_

Previous Performing Arts Experience (please briefly describe, if none do not worry©):

\_\_\_\_\_

Student's strengths, awards, hidden talents:

\_\_\_\_\_

\_\_\_\_\_

I grant permission for said student to participate in the planned activity. I release C.Villamin and Mānoa Elementary from liability resulting from the participation of Dream Camp.

\_\_\_\_\_

Print or Type Parent's/Guardian's Name

\_\_\_\_\_

Parent's/Guardian's Signature

\_\_\_\_\_

Date

