

Dream Camp Winter Application Form

*Please submit application to the office by November 15th (or as early as possible). Space is very limited. You will be notified if your child has been accepted by November 20th. Please submit payment *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 perform on the afternoon/evening of December 27th?

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

