



**Northeast Performing Arts Group**

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## **SUMMER ARTS CAMP 2021**

**Date of Registration:** \_\_\_\_\_

**Child's Information:**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnic Race: \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child's Email: \_\_\_\_\_

**Parental Information:**

**Mother:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ward: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical:**

1. Does your child have any behavioral problems? \_\_\_Yes\_\_\_No

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2. Does your child have any medical problems? \_\_\_Yes\_\_\_No

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3. Does your child take medication? \_\_\_Yes\_\_\_No

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**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Consent to Pickup:**

Please note that your child will be allowed two (2) persons other than yourself for Consent to Pickup. Please be advised that every person given consent to pick up your child will have to present some form of picture identification.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Upon signing this form it is agreed that neither Northeast Performing Arts Group, nor any of its affiliates are responsible for any injuries sustained in within the facility or on field trips, knowing that all-possible care will be given for your child's safety.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

