

Rec'd _____



Bridgewater State University's
**Arts for Youth &
Arts for Teens**
APPLICATION

Office Use Only

S _____
B _____
H _____
IR _____
Sc _____
EF _____
CC _____
Y/T _____

Name of Child M/F

Date of Birth Age as of 7/1

School School Grade Completed as of 7/1

Parent(s)/Guardian Relationship

Address

Home Phone Work Phone(s) Cellular Phone(s)

Email Addresses

How did you learn about this program?

Arts for Youth & Arts for Teens

Program Selection *please check one*

SESSION I (June 27-July15)

Full Day _____

AM Only _____

PM Only _____

SESSION II (July 18-August 5)

Full Day _____

AM Only _____

PM Only _____

If your child will be attending both sessions, please indicate with checks beside each

Extended Care (*summer only*) 8-9 AM _____

4-5 PM _____

Method of Payment

Cash _____ Check _____ (make checks payable to "Arts for Youth")

Credit Card:

Master Card _____ Visa _____ Discover _____

Account Number

Expiration Date

Signature of Cardholder

Name as it Appears on Card

Amount to be charged to Card

Name of Child

Discount:

Employee _____

Sibling _____

Early Enrollment _____

Sibling & Early Enrollment Discounts may be combined

I enclosed a non-refundable deposit of 20% per child to reserve a place for him/her. I realize that the balance of the tuition must be paid in full the Friday before the start of each session to assure my child a space in the program. I also give permission for my child's photograph to be used in promotional materials. I understand that I need to provide my child with a bag lunch, including beverage, each day.

Signature of Parent or Guardian

Date

Mail Application To:

Arts for Youth
Rondileau Campus Center, RCC 028
Bridgewater State University
Bridgewater, MA 02325

Arts for Youth

(AfY Only, no Teens)

SUMMER SCHEDULE

Child's Name: _____

Age: _____

Session 1 _____

Session 2 _____

Full Day _____

AM _____

PM _____

Period	DRAMA	DANCE	MUSIC	VISUAL ARTS	CREATIVE COMPUTING	GYMNASTICS	AUDIO / VIDEO PRODUCTION	MIXED MEDIA
1	10-12	10-12	7-9	7-9	7-9	10-12	10-12 Video	7-9 Puppetry
2	7-9	7-9	10-12	10-12*	10-12	7-9	7-9 Video	10-12 Animation
3 Workshop	W	O	R	K	S	H	O	P
Lunch			L	U	N	C	H	
12:30 Revue!	12	:	30	R	E	V	U	E
4 Workshop	W	O	R	K	S	H	O	P
5	10-12 One-Act Play	7-12 Dance Team	7-9	7-9	7-9	10-12	10-12 Radio AfY	7-9 Animation
6	7-9	7-9	10-12 AfY Band	10-12	10-12	7-9	7-9 Radio & Video Acting	7-12 Mask Making

****Additionally, AfY is offering Clay Creations period two for campers ages 7-12.***

Please list your first and alternate class choices below.

Period 1 _____ alternate _____

Period 2 _____ alternate _____

Period 3 & 4 are AfY Workshops – students choose daily

Period 5 _____ alternate _____

Period 6 _____ alternate _____

- Classes are offered according to age, 7-9 year-old children, and 10-12 year-old children.
- Sports are offered every day, during each workshop period!
- **Sample Workshops** include: Improvisation & Theater Games, Movie Making, Marionettes, Arts & Crafts, Line Dancing, Radio Drama, Commercial Acting, Musical Theater, Poetry Performance, Cooking, Jewelry Making, Watercolor Painting, Shadow Puppets, Clay Animals, Calligraphy, Mobile Making, and much more!



Arts for Youth & Arts for Teens

EMERGENCY INFORMATION

Child's name _____ Age _____

Address _____ Date of birth _____

Home phone # _____

In case of illness or emergency, it is necessary for you to furnish the following information:

Mother's name _____ Father's name _____

Business address _____ Business address _____

Business phone # _____ Business phone # _____

Cell phone # _____ Cell Phone # _____

If my child is ill and I am not available, please send her/him to the person(s) listed below:
(These people must to be available to pick up your child.)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

List the names of any person(s) with whom your child **is not allowed** to be dismissed:
(If the person listed is the child's parent, you must provide the camp director with a copy of the court order for the request to be enforced)
