

# ST. CECILIA ACADEMY OF MUSIC 2009

## Summer Music Classes

Please complete this registration form with a check for fees, detach, and mail to:  
 St. Cecilia Music Academy, c/o Cathedral Basilica Music Office  
 4431 Lindell Blvd. St. Louis, MO 63108  
 314.533.7662 314.373.8292 (fax)  
 stceciliaacademy@me.com

If you wish to enroll more than one child, please make a copy of this registration form for each child you would like to enroll and fill in each form completely. Confirmation will be sent to the address listed below approximately one week before your child's camp begins. Additional registration forms can be downloaded at [www.csmg.org](http://www.csmg.org). 10% discount if registration is received by June 1.

### STUDENT INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

### CHILD INFORMATION (Students under 18)

Parent(s) name \_\_\_\_\_  
 Parish \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Office Phone \_\_\_\_\_  
 Parent cell \_\_\_\_\_  
 Parent cell \_\_\_\_\_  
 Parent e-mail \_\_\_\_\_  
 Parent e-mail \_\_\_\_\_  
 Emergency contact and phone \_\_\_\_\_

Age \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in the Fall 2009 \_\_\_\_\_

Does your child have food allergies? If yes, please explain. Does your child have any physical, social, or medical needs that we should be aware of?    yes    no    If yes, please explain: \_\_\_\_\_

### TERMS OF AGREEMENT

Please read the following terms and policies and sign consent below:

1. Registration begins immediately. To secure a spot for your student, the entire registration fee must accompany this signed registration. We cannot accept phone/fax registrations. Students should register for camps according to the grade they will enter in the Fall 2009.
2. This registration is binding beginning immediately. The parent or guardian will be responsible for payment even if the student does not attend, and/or if the registration contract was received after June 1. A refund for medical reasons applies only to absences of one week or longer and will require a doctor's note.
3. Refund policy: no refunds will be issued to students who are withdrawn from any camp after June 1, 2009 unless they have a doctor's note excusing the student. All changes must be received in writing prior to June 1, 2009, to avoid fee charges. Any change or cancellation made after registration is processed is subject to a \$10 fee per camp.

### CONSENT OF PARENT OR GUARDIAN

I hereby give permission for my child to participate in St. Cecilia Summer Music Camp organized by The Archdiocesan Office of Sacred Music, The Cathedral Academy of Music, The Church of St. Michael & St. George and The St. Michael School. I hereby release, hold harmless, and absolve the above-mentioned, its officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, single or collectively, from responsibility, loss, cost, damage, and liability for or by reason of any illness, injury, death, misadventure, harm, loss, or inconvenience suffered or sustained as a result of participation by my child in the activity. I have read and agree to the Terms of Agreement of the St. Cecilia Music Camp 2009 program listed above.

Signature of parent or guardian \_\_\_\_\_

CLASS AND CAMP REGISTRATION					
DATE/S	TIME	LUNCH	CLASS OR CAMP	T-SHIRT SIZE	FEE
<b>CAMPERS ONLY: Indicate size of T-shirt:</b> Children 6-8    10-12    14-16 Adult    S    M    L    XL    XXL			<b>10% DISCOUNT</b> IF REGISTRATION IS RECEIVED BY JUNE 1	Please make check payable to: <b>Academy of Music</b> <b>TOTAL FEES</b>	