

Let's Have Fun and Be Creative!!

Summer Arts and Music Camp 2023



أكاديمية مقامات الدولية للفنون والتراث
Maqamat International Academy of Arts And Heritage

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Maqamat Summer Music and Arts Camp 2023

Location: Maqamat International Academy of Arts and Heritage

309 Queen St. South Mississauga, ON, L5M 1L9

Info@maqamat.academy

Tel: 365 220 3662

Child Name

First _____ Middle _____ Last _____
Gender: Male ___ Female ___ Other _____
School Name _____ Grade _____ Birth date ____ / ____ / ____
Age _____
Street Address _____

Town/City _____ Provenance _____ Postal code _____ Child's Home Phone _____

Child lives with: _____

Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____

Town/City _____ Provenance _____ Postal Code _____ Home Phone _____
Work Phone _____
Cell phone _____ E-mail _____
Occupation _____
Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____

Town/City _____ Provenance _____ Postal code _____ Home Phone _____
Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____
Employer _____

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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____
3: _____

Medical Release Information

Insurance Information

Policy Number _____

Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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CAMP DATES (2023)

Week 1 (July 4-7)	<input type="radio"/>	Week 2 (July 10-14)	<input type="radio"/>
Week 3 (July 17-21)	<input type="radio"/>	Week 4 (July 24-28)	<input type="radio"/>
Week 5 (July 31-August 04)	<input type="radio"/>	Week 6 (August 8-11)	<input type="radio"/>
Week 7(August 14-18)	<input type="radio"/>	Week 8 (August 21-25)	<input type="radio"/>
Week 9 (August 28-September 01)	<input type="radio"/>		

PRICING:

Full Days 9:00am-3:30pm \$369.99 + HST (per week)

Half Days 9:00am-12:00pm \$249.99 + HST (per week)

Eligible Discounts:

One Child:

3 weeks registration → 5% of total amount + HST

6 weeks registration → 10% of total amount + HST

9 weeks registration → 20% of total amount + HST

Two Children and up:

3 weeks registration → 10% of total amount + HST

6 weeks registration → 20% of total amount + HST

9 weeks registration → 25% of total amount + HST

Total Registered Weeks:

Full Day Program _____ Half Day Program _____

Total Amount: \$ _____ CAD Total Discount: \$ _____ CAD

Total Amount Paid: \$ _____ CAD

Please note that all camps are non-refundable and non-transferable.

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Cancellation Policy

Please note that **ALL camp fees** are non-refundable and non-transferable. The only exemption is cancellation due to government-imposed lockdowns, which would result in a refund (minus a processing fee of \$35.00) or credited to your account for later use.

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Maqamat Summer Music and Arts Camp 2023**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet for social media. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Maqamat International academy of Arts and Heritage and its affiliates.

Parent's/Guardian's Initials _____

The Maqamat International Academy of Arts and Heritage and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family member cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

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Participation Consent Form

(REQUIRED)*

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Maqamat International Academy of Arts and Heritage (District), its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the **Maqamat Summer Music and Arts Camp 2023**. In the event of any medical emergency, I authorize and consent for District to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor

Phone Number

*Parent Signature

Contact Phone Number

Date