

## Summer Piano Camp Registration • Summer 2024

STUDENT NAME		DATE OF BIRTH	LAST <b>4</b> DIGITS OF SOCIAL SECURITY NUMBER <b>OR</b> SCHOOLCRAFT ID NUMBER	
PARENT/GUARDIAN				
STREET ADDRESS		CITY, STATE, ZIP		
DAYTIME PHONE (INCLUDE AREA CODE)		ALTERNATE PHONE		EMAIL ADDRESS
				TUITION DUE \$380
AMOUNT TO BE CHARGED			JSE ONLY	CES/SECTION 3659/922951
RECEIPT NUMBER				
	Emerge	ency Information re	equired for all reg	gistrants
PRIMARY CONTACT		RELATIONSHIP		PHONE NUMBER WHILE STUDENT IS IN CLASS
ADDRESS IF DIFFE	RENT FROM STUDE	NT'S		
SECONDARY CONTACT		RELATIONSHIP		PHONE NUMBER WHILE STUDENT IS IN CLASS
MEDICAL INFORMA	TION [] NONE			
[ ] CONVULSIVE DISORDER [ ] DIABETES,		DIABETES/HYPOGLYCEMIA	[ ] ALLERGIES (STINGS	5, DIETARY) [] OTHER
PLEASE DESCRIBE	SYMPTOMS AND PR	ECAUTIONS		
ANY OTHER MEDIC	CAL INFORMATION?			
participating in Schoolcraft p	programs. In case of the college to secu	of an emergency, I ask Schoo ure emergency medical trea	blcraft College to contact tment for my child. I und	Schoolcraft College Music Office Attn: Pat Minnick
REQUIRED SIGNATURE (PARENT/GUARDIAN)			DATE	18600 Haggerty Rd. Livonia, MI 48152-2696
TOTAL AMOUNT ENCLOSED		d of payment <b>money order</b> payable .craft College		I. Are you Hispanic? ☐ Yes ☐ No 2. Please select one or more races: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White 3. ☐ Male ☐ Female

Because policies have changed, we are no longer able to accept credit card payments through NOTE: the Music Office. If you want to make payment using a credit card, you will need to call the Cashier's office: