

MADCAP Chamber 2012

Musical Arts Day Camp of Allentown, PA

Student Application

Name of student _____ Age _____ Instrument _____

Address: Street _____

City _____ Zip _____

Home phone _____ parent's e-mail: _____

Parents' work phone(s) _____ or _____

How many years has s/he taken lessons? _____

Who is his/her current teacher? _____

Current teacher's telephone number _____

Current teacher's email address: _____

Previous teachers? _____

Please list the musical activities s/he has been involved in (i.e. orchestras, etc.)

My child will audition at Christ Lutheran Church, 13th and Hamilton Sts. in Allentown between 6 and 8 p.m. on Sunday, April 29 _____

My child is unable to audition on April 29 and I will call to make other arrangements _____

Photo permission: I give permission for photographs of my child taken during MADCAP activities to be used to promote the camp's programs.

Signature _____ date _____

Each application must be accompanied by a check in the full amount of the tuition made out to "MADCAP Music Camps." Students will be notified of acceptance within 24 hours of the auditions. Checks are deposited only if students are accepted to the camp. If a student is not accepted, the check will be returned. There are no refunds after May 1.

Please note - the teacher's recommendation may be sent separately from the student application.

Please mail to:

MADCAP c/o Deborah Davis, 2340 W. Fairview St., Allentown, PA 18104

Questions: phone: 610-435-7220

email: debbiecello@verizon.net

website: www.madcapmusiccamps.org

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Teacher Recommendation

Please note: This form is confidential and may be sent separately from the student's application.

Teacher's name _____ phone# _____

Teacher's e-mail _____

Instrument _____

Name of student _____

How long have you taught this student? _____

Does this student "count" appropriately for his/her level of experience?

Explanation: Inexperience is no barrier to fun at MADCAP Chamber, but we cannot accept students with serious counting problems because of the negative impact this has in a small group. If this student is a problem counter, routinely ignoring long notes, rests, etc., please ask him or her to wait another year before applying to MADCAP Chamber.

In your opinion, would this student be ready to participate in a small ensemble with peers, given a month ahead of time to prepare the music?

If so, please describe the level of technical difficulty which is appropriate for your student at this time. (Please be specific. This information guides us in selecting music which is at an appropriate level for your student.)

Please give a brief, general description of this student's attitude and personality.

In your opinion, how can we make this experience the most positive for this student?

Will you be available to help the student learn his/her MADCAP Chamber music during the month before the camp? Yes _____ No _____

Do you foresee any particular problems or have any other comments?

THANK YOU!

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check here if student has a food allergy ♦

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Emergency Information

Name of Student _____ Age _____

Address: Street _____

City _____ Zip _____

Parents' or guardians' names _____

Home phone _____ cell phone _____

Parents' work phone(s) _____ or _____

Parents' e-mail _____ or _____

Emergency contact person if parents are unavailable: _____

Phone# _____

Does this student have any health problems or concerns? Please describe.

None ____ yes: _____

Please list any medications the student is taking _____

Food allergies? _____

Name of his or her physician _____

Phone # _____

Please send with application form to:

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