Claflin University Summer Arts Intensive

Please complete this form for of children enrolled in the program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

(MM/DD/YEAR): _____/_____/_____

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How many people currently reside in your household? _____

How many children (persons under age 18) currently reside in your household? _____

What is your annual household income? (Please select from the list below and include ALL sources of income)
Household income information is and will NOT be sharee selec189fidential

Please explain why you want your child to attend the *Claflin University Summer Arts Intensive, including* why you feel your child would be a great benefit to the program and how your child would benefit from the experience?

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I can attest that I have read and completed the best application to best of my ability, providing accurate and complete information. Furthermore, I acknowledge that The Claflin University Summer Arts Intensive engages participants in some rigorous activity in an effort to instruct and prepare students for daily arts-instruction and activities. I understand the Claflin University Summer Arts Intensive and its staff members will take reasonable measures to keep all children safe during the course of the camp and its activities. Should my child/ren participate in the program, I understand they are participating at their own risk. Claflin University Summer Arts Intensive will notify immediately of any accidents, an appropriate method of treatment will be sought, but I will not hold Claflin University or its staff responsible for accident, injury, and/or death resulting from routine daily activities and participation in the program. Therefore, I do hereby release Claflin University Summer Arts Intensive, its staff, and the university from any liability should accident, injury, or death occur to my child/guardian.

Printed Name: _____

Signature: _____ Date: _____