



**Ecole Koenig**  
24 years of making music!

**\* SummerStage 2010 \***  
**Registration Form**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**CHECKLIST:**

Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed.
- All Forms must be accompanied by a 300 EURO non-refundable deposit (see **Payment Schedule** for details).
- Enclose Teacher's letter and performance recording (see **Camper Information** section).
- Please ensure that you have signed where indicated in the **Parent's Authorization** section.
- Please ensure that the camp has all appropriate information to help your camper have a successful camp stay.
- Any health information that changes must be communicated to the camp **IN WRITING** before your child starts.

**FAMILY INFORMATION:**

**Mother:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone # : \_\_\_\_\_

Bus. #: \_\_\_\_\_

Cell. #: \_\_\_\_\_

Email: \_\_\_\_\_

**Father:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Bus. #: \_\_\_\_\_

Cell. #: \_\_\_\_\_

Email: \_\_\_\_\_

If there is a divorce or separation in the family, who is the custodial parent? \_\_\_\_\_

Special Circumstances that we should be aware of relating to the family situation?  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS OF FAMILY:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SECONDARY CONTACT:** (if above cannot be reached)

Name: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IF BILLING ADDRESS IS DIFFERENT:**

Name of Person to be billed: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_



Ecole Koenig

SummerStage 2010 Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**CAMPER INFORMATION:**

Sex: M  F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about SummerStage ?

Has your child ever attended camp before? Yes  No

If Yes, what camp? \_\_\_\_\_

What was the experience like? \_\_\_\_\_

In order to ensure that every camper gets the most from his or her SummerStage experience, we need to know more about your child. The following are required and must be sent in along with your registration form and payment.

**STATEMENT OF INTEREST/MOTIVATION:**

Please tell us a bit about why you (if over 9)/your child (if under 9) would like to attend the SummerStage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHER'S LETTER:**

Please enclose a letter of recommendation from one of your child's main music or school teachers.

**PERFORMANCE RECORDING:**

Please provide us with video, MP3, CD or cassette recording of your child playing an instrument, singing or reciting a monologue of their choice. Please note that this is not an audition - **no child will be refused based on ability. It is simply a way to gauge your child's level so that we can organize groups and lessons to the greatest benefit of all our campers.**

Attention: If you are in Paris, you also have the option of setting up an appointment with Joan Koenig at L'École Koenig, in order to meet and get to know your child better.

Postal Address: Les Amis du SummerStage, 33 rue Fondary, 75015 Paris, France



Ecole Koenig

SummerStage 2010 Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### EXTRACURRICULAR ACTIVITIES PERMISSIONS:

Please fill in the following to help us to better organize activities for our campers.

*\* Please Note : Checking a box serves as permission for your child to participate in the activity. \**

- Swimming:** in the municipal lake at Orthez, or the municipal swimming pool, with certified lifeguards. Please provide copy of Latest Red Cross or equivalent swimming level (brevet de natation)
- Hiking:** in groups organized and supervised by a certified guide
- Yoga:** initiation to yoga for children by a certified instructor
- Cinema:** attendance at specially-programmed films in conjunction with SummerStage
- Concerts:** attendance at specially-programmed concerts by SummerStage
- Half-Day Rafting Excursion:** **supplement of 25 euros (tax included)**

We will organize a half-day rafting excursion under the auspices of A Boste Sports-Loisirs (<http://aboste.com/>) and under the supervision of its fully licensed guides. All equipment will be provided. Checking this box indicates that you give permission for your child to participate, and that you will provide your child with 25 euros additional pocket money for the event.

- Horseback Riding:** **supplement of 27 euros per 3-hour session (tax included)**

A horseback-riding excursion will be organized under the auspices of Centre Equestre de Sancier and under the supervision of its fully licensed guides. Checking this box indicates that you give permission for your child to participate, and that you will provide your child with 27 euros additional pocket money per 3-hour afternoon session.



Ecole Koenig

SummerStage 2010 Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### TRANSPORTATION INFORMATION:

With sufficiently early reservation, we offer to escort campers round-trip from Paris to Château d'Audoux. The group will consist of one Ecole Koenig camp staff member per 10 children. If you wish your child to travel with the group, the reservation must be ticketed no later June 1, 2010.

*(If you cannot meet this deadline but are interested in other possibilities for group train travel, please contact the school main office at (+33) 01 45 78 01 75 or [SummerStageFrance@gmail.com](mailto:SummerStageFrance@gmail.com))*

- My child will travel round-trip from Paris to the Château d'Audoux with the Ecole Koenig camp staff, as follows (exact times will be furnished):
- My child will travel one-way:  
**DEPARTURE 5 JULY 2010**  
Travel by TGV train from Paris Montparnasse to Orthez  
Travel by privately chartered bus from Orthez to Château d'Audoux
- My child will travel one-way:  
**RETURN 15 JULY 2010**  
Travel by privately chartered bus from Château d'Audoux to Dax  
Travel by TGV train from Dax to Paris Montparnasse
- I will provide transportation for my child.  
My child will arrive at:  
Château d'Audoux  
at 3:30 p.m. July 5, 2010  
and be picked up from the same location  
at 12:00 noon on July 15, 2010



Ecole Koenig

SummerStage 2010 registration Form

**FEE SCHEDULE:**

**SummerStage 2010** **890 euros (tax included)**

Includes lodging; all meals; individual and group instruction in music, theater, dance and composition; local transportation within the Béarn region; entry to specially programmed films and concerts; introduction to cooking; initiation to yoga, hiking; and use of the municipal pool.

*Does not include pocket money, one-day rafting excursion, or horseback riding.*  
(See Extracurricular Activities Permissions section.)

**Round-Trip Travel Paris to Château d'Audaux**

- child under 12	80 euros (tax included)
- child 12 or older	125 euros (tax included)

If booked through Koenig School by June 1, 2010

The 890 euros include annual membership of 5 euros in the non-profit organization:  
*"Les Amis du SummerStage"*

**PAYMENT SCHEDULE:**

**Deposit:**

300 Euro Non-Refundable Deposit per child is due along with the registration form.  
Method of payment: \_\_\_\_\_ Cheque \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ Cash

**Balance Due:**

**Camp Fees Only**

590 euros balance is due by June 1st, 2010

**Camp Fees + Train Travel w/SummerStage Group R/T Paris-Château d'Audaux**

child under 12: 670 euros balance is due by June 1st, 2010

child 12 or older: 715 euros balance is due by June 1st, 2010

Method of payment: \_\_\_\_\_ Cheque \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ Cash  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Security Code (3-digit number on back of card) \_\_\_\_\_  
Signature on Card \_\_\_\_\_

If method of payment is by check, your check for the balance due, post-dated June 1, 2010, is required to complete the registration process and must accompany this form.

If by credit card, your card will be charged the deposit of 300 euros per child upon receipt of this form, and the balance due (as indicated above) on June 1, 2010.

If sending forms and payment from outside France, please use Priority Mail or Overnight Express Mail to ensure that deadlines are met and your child's place is secured.



Ecole Koenig

SummerStage 2010 Registration Form

**HEALTH HISTORY:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BOY  GIRL

HEALTH INSURANCE COMPANY AND POLICY #: \_\_\_\_\_

**PERSON IN CHARGE OF THE CHILD:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS (where you will be while your child is at camp) \_\_\_\_\_

TELEPHONE NUMBER, Home \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

THIS FORM ALLOWS US TO HAVE USEFUL INFORMATION DURING YOUR CHILD'S STAY; IT WILL AVOID ASKING YOUR DOCTOR FOR YOUR CHILD'S HEALTH RECORDS.

**VACCINATIONS** (refer to health records or child's vaccination certificate).

REQUIRED VACCINES	Yes	No	DATES of BOOSTER SHOTS	RECOMMENDED VACCINES	DATES
Diphtheria				Hepatitis B	
Tetanus				Rubella-Mumps-Measles	
Poliomyelitis				Whooping cough	
OR DT polio				Others (specify)	
OR Tétracoq					
BCG					

IF YOUR CHILD DOES NOT HAVE THE REQUIRED VACCINES, PLEASE ENCLOSE A MEDICAL CERTIFICATE OF CONTRA-INDICATION.

ATTENTION: THE ANTI-TETANIC VACCINE PRESENTS NO CONTRA-INDICATION

**MEDICAL INFORMATION CONCERNING YOUR CHILD:**

Will your child need to follow a medical treatment during his/her stay? Yes  No

If yes, please pack a recent prescription and the corresponding medicine (the medicine should be in its original package with the child's name written on it with instructions)

No medicine will be administered without the prescription.



Ecole Koenig

SummerStage 2010 Registration Form

**HEALTH HISTORY:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

RUBELLA Yes <input type="checkbox"/> No <input type="checkbox"/>	CHICKEN POX Yes <input type="checkbox"/> No <input type="checkbox"/>	PHARYNGITIS Yes <input type="checkbox"/> No <input type="checkbox"/>	Acute Rheumatoid Arthritis Yes <input type="checkbox"/> No <input type="checkbox"/>	SCARLET FEVER Yes <input type="checkbox"/> No <input type="checkbox"/>
WHOOPING COUGH Yes <input type="checkbox"/> No <input type="checkbox"/>	EAR INFECTION (Otitis) Yes <input type="checkbox"/> No <input type="checkbox"/>	MEASLES Yes <input type="checkbox"/> No <input type="checkbox"/>	MUMPS Yes <input type="checkbox"/> No <input type="checkbox"/>	

ALLERGIES: Asthma yes  no  Medicinal yes  no   
Food yes  no  Others \_\_\_\_\_

Specify the cause of allergy and the course of action to be taken (please indicate if auto medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDICATE BELOW:**  
HEALTH PROBLEMS (ILLNESS, ACCIDENT, CONVULSIVE FIT/ATTACK, HOSPITALIZATION, OPERATION, REHABILITATION) SPECIFYING DATES AND PRECAUTIONS TO BE TAKEN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**USEFUL INFORMATION**  
DOES YOUR CHILD WEAR CONTACT LENS, GLASSES, HEARING AIDS, FALSE TEETH, ETC... Please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and telephone of family doctor/*médecin traitant* (optional):  
\_\_\_\_\_



Ecole Koenig

SummerStage 2010 Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**HEALTH HISTORY:**

I, the undersigned \_\_\_\_\_, legally responsible for the child, hereby certify that the information on this form is correct and authorize the person in charge of the stay to take, if needed, any measures (medical treatment, hospitalization, surgical operation) made necessary by the child's condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AUTHORIZATION:**

I attest that I have read and understood this registration form in its entirety. I hereby give consent for my child to participate in the full Ecole Koenig SummerStage program and all activities authorized in the **Extracurricular Activities Permissions** section of this form. I give permission for Ecole Koenig to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Ecole Koenig and its officers, servants or assigns from any liability concerning our child's involvement in the Ecole Koenig programs and further agree that the use of all facilities for the Ecole Koenig SummerStage is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the school director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

- Registrations must be accompanied by a 300 EURO non-refundable deposit per camper.
- Full payment is required by June 1, 2010.
- After June 1, 2010, registrations must be accompanied by full payment.
- Refund Policy: Refunds are at school's discretion prior to June 1, 2010. After June 1, 2010, no refunds will be issued without a medical certificate, except in cases of *force majeure* (acts of God). Refunds on credit cards are subject to a 25 euro administrative fee.
- I authorize my child to be transported locally in a 9-seat mini-van driven by L'Ecole Koenig staff.
- I understand that the Ecole Koenig Camp Staff reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.
- A confirmation email will be sent upon receipt of registration form and deposit.
- Please call the Ecole Koenig SummerStage office at (+33) 1 45 78 01 75 if you have not received a confirmation email by June 1, 2010.
- In mid-June you will receive a Parent Information Package detailing all necessary camp information (driving/train directions to SummerStage, what your child should bring, etc.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date