

CLASSICAL MUSIC PROGRAM APPLICATION

To speed the application process, apply online at www.jkcp.com/music

Student Information

NAME	PREFERRED NAME (Nickname)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	E-MAIL	
CITY/STATE/ZIP	COUNTRY	
STUDENT CELL PHONE		
ARE YOU A CITIZEN OF THE UNITED STATES ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF BIRTH (MM/DD/YY)		

Family Information

PARENT 1 NAME	PARENT 2 NAME
PARENT 1 HOME PHONE	PARENT 2 HOME PHONE
PARENT 1 WORK PHONE	PARENT 2 WORK PHONE
PARENT 1 CELL	PARENT 2 CELL
PARENT 1 E-MAIL *	PARENT 2 E-MAIL *

*Please provide an e-mail for at least one parent who will be the primary contact person to receive your child's application confirmation and account information.

How did you hear about Classical Music Program? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> PREVIOUSLY ATTENDED JKCP | <input type="checkbox"/> Art & Architecture <input type="checkbox"/> Enrichment <input type="checkbox"/> Fitness <input type="checkbox"/> Golf <input type="checkbox"/> Internships |
| <input type="checkbox"/> ANOTHER PERSON | <input type="checkbox"/> Leadership in the Business World <input type="checkbox"/> Management & Technology <input type="checkbox"/> Model UN |
| <input type="checkbox"/> PRINT ADVERTISEMENT | <input type="checkbox"/> Penn Nursing <input type="checkbox"/> Tennis <input type="checkbox"/> Wharton Sports Business Academy <input type="checkbox"/> Xploration <input type="checkbox"/> Yesh Shabbat |
| <input type="checkbox"/> SEARCH ENGINE | <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Teacher |
| <input type="checkbox"/> ONLINE | <input type="checkbox"/> Coach/Pro <input type="checkbox"/> College/University <input type="checkbox"/> Foundation/Non-Profit |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Signage <input type="checkbox"/> Mailing |
| <input type="checkbox"/> COLLEGE/UNIVERSITY | <input type="checkbox"/> Google <input type="checkbox"/> Bing <input type="checkbox"/> Yahoo |
| <input type="checkbox"/> CAMP FAIR | <input type="checkbox"/> E-mail <input type="checkbox"/> Directory Listing |
| <input type="checkbox"/> REFERRAL AGENCY/AGENT | <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> You Tube |
| <input type="checkbox"/> EVENT | <input type="checkbox"/> Haverford College <input type="checkbox"/> University of Pennsylvania <input type="checkbox"/> Villanova University |
- Organization and Location _____
Agency or Agent Name _____
 Webinar Open House, Location _____

School Information

SCHOOL CURRENTLY ATTENDING	CURRENT GRADE: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
SCHOOL ADDRESS	GRADUATION YEAR
CITY/STATE/ZIP	COUNTRY
SCHOOL PHONE	
TYPE OF SCHOOL <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> HOME	CUMULATIVE GPA

Reference Information

Please list two references you would like to use. We will contact them directly via e-mail to offer our letter of recommendation form.

REFERENCE 1 NAME	TITLE (Dr, Mr, Mrs, Ms, Miss)	PHONE	E-MAIL (REQUIRED)
DESCRIBE RELATIONSHIP			
REFERENCE 2 NAME	TITLE (Dr, Mr, Mrs, Ms, Miss)	PHONE	E-MAIL (REQUIRED)
DESCRIBE RELATIONSHIP			

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Please answer all of the following to the best of your ability.

This section, in addition to the professional interview, is used by the staff and mentors to determine acceptance and placement.

Student Questionnaire

What is your ultimate goal in studying music? _____

List any honors or awards: _____

A list of music organizations with which you perform, and the dates of your participation. This can include school ensembles, youth organizations, and ad hoc ensembles you formed yourself.

Name of Organization

Start Date

End Date

Name of Organization	Start Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A list of music competitions in which you participated and all related awards or recognition you have received while in high school. This can include school, local, state, and national level awards.

Competition or Award

A list of any related experience, such as ensemble officer or manager, teaching, theatre or dance experience, or community service arts programs that you feel completes the picture of you as a musician.

Related Experience

Select an Instrument

Please complete this section (select one).

- | | | |
|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Bassoon | <input type="checkbox"/> Flute | <input type="checkbox"/> Timpani & Percussion |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Horn | <input type="checkbox"/> Trumpet |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Oboe | <input type="checkbox"/> Viola |
| <input type="checkbox"/> Double Bass | <input type="checkbox"/> Piano | <input type="checkbox"/> Violin |
- (If your instrument is not listed here, please contact music@jkcp.com)

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Application Requirements

The following application requirements must be submitted as soon as possible by mail, email or fax to:

Classical Music Program, 610 S. Henderson Road, King of Prussia, PA 19406

Email: music@jkcp.com • Fax: 610-265-3678

- Letters of Recommendation:** We will e-mail recommenders directly to offer a letter of recommendation form.
- Official Transcript:** This should be mailed or sent by the school and should include your Fall 2011 grades.
- Digital Identification Photo is required for dorm and dining hall access. Photo guidelines will appear in your confirmation e-mail.**
- List of Repertoire:** All applicants are required to submit a comprehensive list of repertoire studied on their principal instrument.
 - All major works you have studied on your principal instrument listed in alphabetical order by composer. You may also include any major works you have studied on a secondary or related instrument.
 - Include ensemble pieces in which you had featured solos.
 - Label those pieces you have performed from memory with “M” following the title, and “P” if you performed the piece in public.
 - Focus on those pieces studied during high school although you may include earlier works if they represent significant milestones in your artistic development.

Your application is only considered complete when all of the following are received: application form, application fee, deposit, two letters of recommendation, official transcript, list of repertoire, and a digital photo.

Program Dates and Tuition

RESIDENTIAL STUDENTS

Fee includes tuition, housing, on-campus meals, and course materials.

<input type="checkbox"/> July 8 – July 28	\$4,695
Additional Fees	
• Nonrefundable application fee	\$100
Optional Services	
<input type="checkbox"/> Cancellation Insurance	5% of tuition
<input type="checkbox"/> Laptop Rental	\$250
<input type="checkbox"/> Linen Rental	\$65
<input type="checkbox"/> Private Music Lessons (1 hour each)	\$70 per lesson
<input type="checkbox"/> Overseas Camper Surcharge	\$210 (includes overnight stay on Saturday, July 7, linen rental, and round trip transportation to and from Philadelphia International Airport)
<input type="checkbox"/> Shuttle from Philadelphia International Airport or 30th Street Station	\$30
<input type="checkbox"/> Shuttle to Philadelphia International Airport or 30th Street Station	\$30

DAY STUDENTS

<input type="checkbox"/> July 9 – July 27	\$1,850
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Fee includes tuition, lunch, weekday trips, and course materials.

Additional Fees

- Nonrefundable application fee: \$100

Optional Services

- Cancellation Insurance 5% of tuition
- Private Music Lessons (1 hour each) \$70 per lesson

Payment of Fees

A nonrefundable deposit* of \$800 for residential students, or \$400 for day students, plus a \$100 nonrefundable application fee and cancellation insurance (if purchased) must accompany this application. Please make your check payable to Julian Krinsky Camps and Programs and mail to: Summer Music Program, 610 S. Henderson Road, King of Prussia, PA 19406.

*If you are not accepted into the program, your deposit will be returned.

Please review our cancellation insurance policy included in the application.

If you have not received your email confirmation within four days, please contact our office at 610-265-9401 or music@jkcp.com.

JULIAN KRINSKY CANCELLATION INSURANCE

To speed the application process, apply online at www.jkcp.com/apply

Please be advised that all balances are due by April 1, 2012. If you apply after April 1, 2012, your balance will be due within two weeks of submitting your application. **Julian Krinsky Camps & Programs (JKCP) offers cancellation insurance that provides a partial refund when you withdraw after May 1.** We strongly suggest purchasing cancellation insurance for your child. The price of the insurance is 5% of the total tuition fee and must be paid at the time of application. **There will be no refund of tuition after May 1 if cancellation insurance was not paid in full at the time of the application.**

What is covered by this policy?

We will pay this benefit up to the amount on the Schedule of Coverage for the students' cancelled session.

Who is eligible for coverage?

Any student attending eligible Julian Krinsky Camps & Programs who purchases Cancellation Insurance at time of application is eligible to purchase cancellation insurance.

When does coverage begin?

Cancellation Insurance must be purchased at the time of application. Coverage begins on the date that Cancellation Insurance is purchased.

Policy Exclusions:

The policy does not cover loss caused by, or resulting from:

1. Violation of program rules and policies
2. Non-notification of a serious medical condition
3. Late arrival, early departure, or withdrawal due to family vacation
4. Declared or undeclared war, or any act of war or terrorism
5. Civil disorder
6. Acts of God
7. Nuclear reaction, radiation or radioactive contamination
8. Weather
9. Inability to secure visa

Claims

All claims should be reported immediately to the program office at:

Julian Krinsky Camps & Programs, 610 S. Henderson Road, King of Prussia, PA 19406

E-Mail: Julian@jkcp.com • Phone: 610.265.9401 • Fax: 610.265.3678

Schedule of Coverage

Notification of withdrawal must be made in writing to Julian Krinsky Camps & Programs. **If the student is not accepted to the program, your deposit will be refunded in full.** Otherwise, refunds will be made as follows:

Withdrawal Date:	By May 1	May 2nd until Session begins
Amount of Refund Day Programs*:	All but \$100 per week	No refund without cancellation insurance All but \$150 per week if cancellation insurance was purchased
Amount of Refund Residential Programs*:	All but \$200 per week	No refund without cancellation insurance All but \$300 per week if cancellation insurance was purchased

*Please note that all application fees are non-refundable.

JULIAN KRINSKY CAMPS & PROGRAMS CANCELLATION INSURANCE

Student's Name(s): _____
PRINT NAME

Amount Due: (5% of the tuition payment): _____

Program Dates: _____ Program Name: _____ Residential _____ Day _____

Parent Name(s): _____

Parent Signature: _____ Date: _____

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**I understand that my balance is due in full upon acceptance.
I agree to contact JKCP or make payment arrangements upon acceptance.**

FOR COMPLETION BY PARENT/GUARDIAN

Terms & Conditions

1. Julian Krinsky Camps & Programs ("JKCP") does not own or operate any entity which is to or does provide goods or services for your child's ("child") (You operate the lodging) program including, for example, campus or lodging facilities, such as dormitories, transportation companies, restaurants, food service, educational or entertainment providers, etc. As a result, JKCP is not liable for any negligent or willful act or failure to act of any such person, or of any other third party not under our direct control. Without limiting the foregoing, JKCP accepts no responsibility for any risk or resulting injury, delay, inconvenience, damage, or death which results from acts of government, nuclear reaction or incidents, criminal activity, weather or other acts of God, accidents, disease, epidemics or the threat thereof, illness, the provision of inappropriate or no medical attention or the lack of access to same, the demands of indoor or outdoor activities, activities engaged in by your child during free or unsupervised time, strikes, political or civil unrest, structural or other defective conditions in dormitories, overbooking, acts of terrorism or the threat thereof, insurrection or revolt, or any other event beyond its direct control.
2. JKCP reserves the right to decline to accept any student for inclusion in a Program.
3. I agree to insure that my child will read the Rules and Policy statement and sign it. I will make every effort to ensure they understand it.
4. I agree to pay for any charges imposed by any facility or any supplier of services based upon vandalism or destruction of property or other damage caused by my child.
5. Arbitration. Any dispute concerning this or any other literature or any other form of communication concerning the Program, any oral representations or comments by JKCP, which relate thereto, or the Program itself, shall be resolved solely by binding arbitration in Montgomery County, Pennsylvania in accordance with the then existent commercial rules of the American Arbitration Association. In any such arbitration the substantive (but not procedural) laws of the Commonwealth of Pennsylvania shall apply.

Parent/Guardian Consent

I have read and understand these Terms & Conditions and agree to them on my own behalf and on behalf of my child. I give my permission for my child to participate in any JKCP program. I agree that my child will abide by the program rules and realize any breach of these rules may result in his/her immediate dismissal without refund of any fees.

I authorize JKCP, or its authorized representatives, to take whatever actions it may consider warranted regarding my child's health and safety while under the responsibility of JKCP, and I fully release JKCP and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith.

I authorize JKCP, or its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if no hospital is readily available, to place my child in the hands of a licensed doctor for treatment. I understand JKCP will utilize my family health/accident policy.

JKCP has my consent to take my child on off-campus trips.

JKCP retains the right to use any media including, but not limited to, photographs, video and social media participation of my child and my child's works for media or advertising purposes without any notice both now and in the future and without compensation whatsoever, therefore.

Please check here if any medical, physical or other condition may limit your child's ability to fully participate in any activity.

I have carefully read the above information and agree to the conditions stated herein. I also understand that cancellation insurance is available for purchase with this application.

PARENT/GUARDIAN

DATE

Please contact us if you have any questions: Phone: 610-265-9401
Email: music@jkcp.com