Transportation (availability subject to interest)
If you are interested in transportation please check one of the following pick-up locations.

Route 1:  ☐ Western Wayne High School  ☐ Carbondale Area High School  ☐ Burlington Coat Factory parking lot (Route 6, Eynon)

Route 2:  ☐ Old Forge High School  ☐ Riverside High School  ☐ Willard Elementary School

Route 3:  ☐ Blue Ridge High School  ☐ Montrose Area High School

Tell your friends! Don’t delay, class size is limited!
Feel free to make copies of this application to encourage others to apply for Arts Alive this summer!
Please complete all of the following information and return along with your check payable to NEIU no later than June 1, 2013. Mail to: Jolene Maros-Skumanich • NEIU • 1200 Line Street • Archbald, PA 18403. Phone: (570) 876-9231 • E-mail: jmaros@iu19.org. After receipt of your application, a packet of specific information detailing the program will be mailed to you.

Tell your friends! Don’t delay, class size is limited!

Feel free to make copies of this application to encourage others to apply for Arts Alive this summer!

**Arts Alive Junior**

Please select one:

**Grades 3-4**
- [ ] Half Day: Musical Theatre 9:00 am - 11:00 am
- [ ] Half Day: Visual Arts 11:30 am - 2:00 pm
- [ ] Full Day: Musical Theatre and Visual Arts

**Grades 5-6**
- [ ] Full Day: Musical Theatre and Visual Arts

**Grades 7-8**
- [ ] Full Day: Musical Theatre and Visual Arts

**Transportation** (availability subject to interest)

If you are interested in transportation please check one of the following pick-up locations.

**Route 1:**
- [ ] Western Wayne High School
- [ ] Carbondale Area High School
- [ ] Burlington Coat Factory parking lot (Route 6, Eynon)

**Route 2:**
- [ ] Old Forge High School
- [ ] Riverside High School
- [ ] Willard Elementary School

**Route 3:**
- [ ] Blue Ridge High School
- [ ] Montrose Area High School

**Parental Consent**

Parental Consent Signature: __________________________

I give permission for my son/daughter to attend the Arts Alive program. I understand that during the course of the program the students will be in various locations for periods of time, but fully supervised as they participate in the program. I understand that daily attendance is mandatory and that the only excusable absence would be for medical reasons. Amount Enclosed: ________________ Check Number: ________________

**Student Information**

Name: __________________________________________

Address: ________________________________________

City: __________________________ State: _______ Zip: __________________________

Home Phone: __________________________________

e-mail: ________________________________________

School: __________________________ Grade level for 2013 - 2014 academic year: __________