

# Keys Community School of the Arts



2 Hibiscus Lane  
Key West, FL 33040  
(305) 294-7382

Camper Name: \_\_\_\_\_  
Camper Age: \_\_\_\_\_ Returning Camper? Yes/No

Parent Name(s): \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please describe your financial circumstances and your need for financial aid:

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