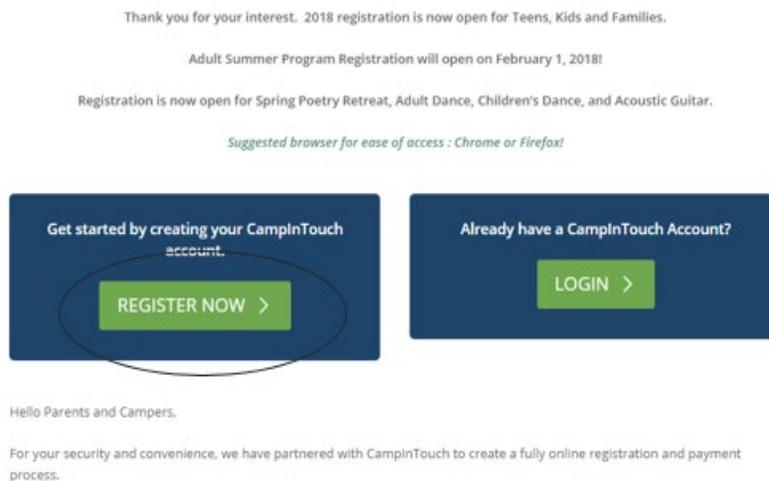


Registration Guide - New Adult Students

Go to www.idyllwildarts.org in your web browser. Once there, hover over **Summer Program** and a drop down menu will appear. At the bottom of the menu, click **CampInTouch Registration**.



Scroll down and click the green **Register Now** button on the left side of the page.



Your browser will then open another tab, directing you to our **Camper Application** page.

Once you are on the **Camper Application** page, please fill in all empty fields. If you are an adult student, **you must register yourself as your own child**. The birthdate you enter will populate the application with adult workshops to select from.

1. **Enter yourself as a camper** with your correct birth date (required by Campus Health Services in case of emergency medical needs). This will populate the application with adult workshops to select from.
2. **Enter your grade as "12+."**
3. If you are also registering a **spouse, child, or other family member**, add them to your existing profile as an additional "Child."

Under "**Relationship**," you will select "**I am a legal guardian/custodial parent**" when starting the application, as this application was designed for adults registering their children for summer programs.

Camper Application

 Welcome to the application for all Idyllwild Arts Summer & Auxiliary Programs for all ages.
(Kids, Teens, Family Week, Adults and Auxiliary programs.)

Registration is now open for the Teens & Kids Summer Programs, Family Week programs and Auxiliary Children's Dance and Theater programs.

Registration for Adult Students will open on February 1, 2020.

Adult Students - you will need to select that you are the legal guardian in order to fill out the application. You are the camper and the parent.

If you have any questions please contact us at summer@idyllwildarts.org.

About You (Parent/Guardian)

Notice: Required fields have a dotted underline.

First Name Last Name
Email Relationship

Continue

Remember to select "**I am a legal guardian/custodial parent**" before hitting "Continue."

About You (Parent/Guardian)

Notice: Required fields have a dotted underline.

First Name Last Name
Email Relationship

On the following page, please select the current season.

Camper Application

Season
Select a Season ▼

Please select the **camper** you will be filling out the application for.

Season
2020 ▼

Campers
 Mary Test
 Another Child

To apply for Family Week, please use the name of **one family member in your group** to begin. You will enter the names for the rest of your group later in application.

Once a “camper” has been selected, an additional section will appear asking you for general personal information. Once you’ve filled in all the blanks, you may then click **Begin Application**.

Season
2020 ▼

Campers
 Mary Test
 Another Child

To apply for Family Week, please use the name of **one family member in your group** to begin. You will enter the names for the rest of your group later in application.

Please **Capitalize** the **first letter** of the camper's **first and last name**. Thank you.

First Name

Middle Name

Last Name

Nickname
NAME CAMPER GOES BY

Suffix

Gender Male Female

Date of Birth
MM/DD/YYYY

Grade
2019-2020 SCHOOL YEAR

School

Facebook

Twitter

I agree to the [Terms of Use](#) and [Privacy Policy](#).

On **Page 1** of the application, you will notice a list of available courses to select from. The courses shown are filtered by date of birth, so only adult workshops should be visible.

Select Program

 Need help selecting a program?
Visit our [Dates and Rates](#) page for more information.

Family Week

[Show Programs](#)

Spring Poetry Retreat

[Show Programs](#)

Auxiliary Programs (Adult Dance & Acoustic Guitar)

[Show Programs](#)

Ceramics and Pottery

[Show Programs](#)

On **Page 2**, be sure to enter your information as the parent. It will ask for a **relationship** – please select **“Other (F)”** or **“Other (M)”** to indicate that you are an adult student.



Parent/Adult participant Information
Please **Capitalize** the **first letter** of the **parent's first and last name**.
Thank you.

SHARON TEST'S HOUSEHOLD

Country	United States ▼	City	Test Town
Address	1234 Test Way	State	Arkansas ▼
		Zip	12345
Home Phone			
	EX: 828-555-1212		

Your Personal Information

First Name	Mary	Last Name	Test
Title	Undefined ▼	Suffix	None ▼
Relationship	Other (F) ▼	Marital Status	Single ▼
Work Phone		Login Email	
Cell Phone	111-111-1111	Other Email	
Other Phone		Occupation	

[Add second parent/guardian](#)

[Add another parent/guardian who resides at a different address](#)

Please be sure to complete all **9 pages** of the application. Please call the Summer Registration Office at (951) 468-7265 if you have any questions.