

Child's Name: _____

Face Arts Music Registration Form

Age: _____



83 Main Street A2
Deep River, CT 06417
860-526-1190
www.faceartsmusic.com

Summer Music Program 2021 Registration, Medical, & Release Form

Student Information

First Name: _____ Middle Intl _____ Last Name: _____

Current School as of September 2021: _____ Grade _____

Birth date: _____ Age (as of July 1, 2021) _____

Street Address: _____ Town/City: _____ State: _____ Zip: _____

Student's Home Phone: _____ (If applicable) Student's Cell Phone: _____

Students Email for assignments, clips, etc., _____

Instrument(s)

Circle level student is at:

1st _____ Level: Beginner Intermediate Advance don't know

2nd _____ Level: Beginner Intermediate Advance Don't know

3rd _____ Level: Beginner Intermediate Advance Don't know

Parent/Guardian - Contact Information 1st to be called

Parent/Guardian #1 Name and Contact Information

First _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____

Home Phone _____

Cell phone _____

E-mail _____

Work Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #2 Name and Contact Information

First _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____

Home Phone _____

Cell phone _____

E-mail _____

Work Phone _____

Tuition \$475.00

A non-refundable \$100.00 deposit is required with this registration form.

Payment Type Preferred (Cash) or (Check) Number: _____ Date Paid: _____

Will Accept M/C or Visa note there is a card fee of \$10.00 (Card) #: _____ Total to be charged \$485.00 Date: _____

Tuition \$475.00 - Deposit of _____ = Balance: _____

Thank you for sharing music with us this summer!

Child's Name: _____

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Medical Release Information

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, & Allergies).

Medical Problem

Required Treatment

Should paramedic be called?

Yes No
Yes No

Any additional information you would like us to know:

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Terms of Agreement:

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, Paramedic and/or Physician). Parent's/Guardian's Initials _____

I understand that Face Arts Music will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent's/Guardian's Initials _____

Photo/promotional Release:

I hereby give permission for my child to be photographed during the **Face Arts Music Summer Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations, and for promotional purposes including flyers, brochures, newspaper and on the internet. Children's' photos and quotes may be used for publicity purposes. I do not expect compensation and that all photos are the property of Face Arts Music. Parent's/Guardian's Initials _____

Leaving the premises for Lunch:

I give permission for my child to be escorted off premises for a lunch outing. Parent's/Guardian's Initials _____

Lost or Stolen Items: Face Arts Music and its co-organizers are not responsible for lost or damage of personal property.

Fees: I understand that no fees will be refunded or transferred unless a child is not to participate due to an accident or illness per physician's order.

Acceptance of Summer Music Program 2020 Requirements and Wavier

*Initials here _____ in agreement of to the 2021 COVID-19 Requirements & Liability Release/Wavier

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please circle how you heard about the Face Arts Music's Summer Music Program

Current Student Website _____ Word of Mouth Flyer Other _____