



## Munchkin Music Programs Registration, Medical, & Release Form 2025

5 Week Course Circle Your Choice(s): TUES. 4/1-4/29/25 10:00 AM THURS. 4/3-5/1/25 10:00 AM SAT. 4/12 – 5/10 9:00 AM

### Student Information

First Name: \_\_\_\_\_ Middle Intl. \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_

### Parent/Guardian - Contact Information

1 <sup>st</sup> to be called Parent/Guardian #1 Name and Contact Information	2 <sup>nd</sup> to be called Parent/Guardian #2 Name and Contact Information
First _____	First _____
Last _____	Last _____
Street Address _____	Street Address _____
Town/City _____ State ____ Zip Code _____	Town/City _____ State ____ Zip Code _____
Home Phone: _____	Home Phone: _____
Cell phone _____	Cell phone _____
E-mail _____	E-mail _____
Work Phone _____	Work Phone _____

### Tuition \$150.00

A non-refundable \$50.00 deposit is required with this registration form.

Payment Type Preferred (Cash) or (Check) Cash \_\_\_\_\_ CK #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date: \_\_\_\_\_ - Deposit of \_\_\_\_\_ = Balance: \_\_\_\_\_

Accepting M/C or Visa for full tuition payment. Please note there is a card fee of \$15.00. Date Paid: \_\_\_\_\_ Last four digits of card charged \_\_\_\_\_

*Thank you for sharing music with us!*

Contact Info: [www.faceartsmusic.com](http://www.faceartsmusic.com) - [facearts@sbcglobal.net](mailto:facearts@sbcglobal.net) (860)526-1190 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Medical Information:

Is your child allergic to any type of food or medication? Yes\_\_\_\_ No\_\_\_\_

Does your child require any special treatment should paramedic be called? Yes\_\_\_\_ No \_\_\_\_

If yes explain here \_\_\_\_\_

Any additional information you would like us to know: \_\_\_\_\_

In case of an emergency please list three alternative contacts:

Name	Contact Phone	Relationship to Child	Comments

### Terms and Conditions:

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 parent or guardian may not 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.

\_\_\_\_\_ Photo, promotional Release: I hereby give permission for my child to be photographed during the Face Arts Music Munchkin Music Program(s). I understand the photos and/or videos 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, videos and quotes may be used for publicity purposes. I do not expect compensation and that all photos & videos are the property of Face Arts Music.

\_\_\_\_\_ 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 Munchkin Music Program Requirements and Wavier

Parent or Guardian Sign here X \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent/Guardian Signing this form: \_\_\_\_\_

**Please check ☒ how you heard about Face Arts Music's Summer Camp**

Heard about Munchkin Music from: School Music Teacher \_\_\_\_\_ Current Student \_\_\_\_\_ Website \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Flyer \_\_\_\_\_ Other \_\_\_\_\_