Camper Name:	Face Arts Music Registration Form



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

Age: ____

First N	Iiddle	Last		School: _			
Grade Birth date	//_	Age (as of Ju	ine 1, 2020)	_			
Street Address		Town/C	ity	State Zip			
Student's Home Phone		(If applicable	e) Student's Cell Ph	none:			
Students Email for assignments,	clips, etc,						
nstrument(s)	1 / /		Circle level student is at:				
st		Level:	Beginner	Intermediate	Advance	don't knov	
and		Level:	Beginner	Intermediate	Advance	don't kno	
rd		Level:	Beginner	Intermediate	Advance	don't knov	
Parent/Guardian - Contact	Informatio	on 1st to be called	Parent/Gua	rdian - Contact II	nformation	1	
Parent/Guardian #1 Name and		Parent/Guardian #2 Name and Contact Information					
First			First	L	ast		
Street Address				s			
Cown/City							
Home Phone							
Cell phone			-				
E-mail			E-mail				
Work Phone			Work Phone_				

Payment Type:	_(Cash	Check	Card)	#:	Date:
			Card or check no		

Tuition \$475.00 - Deposit Of _____ = Balance: _

Thank you for sharing music with us this summer!

Camper Name:		Face Arts Music Registration Form			Age:
Medical Release Is your child aller	Information gic to any type of fo	ood or medication?			
•					
Does your child re	equire a special diet				
	ment. Please list any	is to ensure that medical per y medical problems, includin			
Medical Problem		Required Treatment	Should	d paramedic by Yes No Yes No	called?
Any additional in	formation you would	d like us to know:		165 110	
In case of medic	al emergency conta		77		
Contact #1	1	Name	Phone #		Relationship to Child
Contact #2					
Contact #3					
calling of a doctor emergency, and if (i.e. EMT, First R	r and the providing of a family physician esponder, and/or Ph	ysician).	s in the event my child authorize my child to Parent	d is injured or b be treated by C 's/Guardian's In	pecomes ill. In case of an Certified Emergency Personnel nitials
	Face Arts Music wil as parent/guardian.	l not be responsible for the r			nitials
will be used to ke brochures, newsp	nission for my child ep a journal of activ aper and on the inter		point presentations, ar quotes may be used fo	nd for promotion or publicity purp	gram. I understand the photos nal purposes including flyers, poses. I do not expect nitials
	nises for Lunch: for my child to be e	scorted off premises for a lu	nch outing. Parent	's/Guardian's In	nitials
Lost or Stolen Ito	ems: Face Arts Mus	ic and its co-organizers are i	not responsible for los	t or damaged p	ersonal property.
Fees: I understand physician orders.	d that no fees will be	e refunded or transferred unle	ess a child is not to pa	articipate due to	an accident or illness per
Guardian Signatu	re:			Date:	
Printed Name of I	Parent/Guardian:				
Please o	circle how you he	ard about the Face Arts	Music's Summer I	Music Progra	nm
Current Student	Website	Word of Mou	ıth Flyer	Other	