



# Neighborhood Music School

## Student Registration Form

STUDENT INFORMATION			
Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female			
(Last)	(First)	(Middle)	
Birthdate: _____		School: _____	
(Month / Day / Year)		(College or Employer if Adult Student)	
Primary Contact: ( )	Secondary Contact: ( )	Other Contact: ( )	
Address: _____			
(Street)	(City)	(Zip )	
Email: _____			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Split Custody <input type="checkbox"/> Guardian <input type="checkbox"/> I'm an Adult Student			
Grant Reporting Information			
How did you hear about NMS? (Check all that apply)			
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Web	<input type="checkbox"/> Facebook	<input type="checkbox"/> Event <input type="checkbox"/> Flyer <input type="checkbox"/> E-Mail
<input type="checkbox"/> Personal Reference by: _____			
Ethnicity:			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	
Does your family qualify for the free lunch program at school? Yes No NA			
Were the Parents/Guardians of the student born in the US? Yes No Home Language: _____			
PARENTS or GUARDIAN INFORMATION			
Mother/Guardian			
Name: _____			
(Last)	(First)	(Middle)	
Cell Phone: ( )	Home Phone: ( )	Work Phone: ( )	
Please place a (*) next to the primary phone number			
Occupation, Title, Employer: _____			
Father/Guardian			
Name: _____			
(Last)	(First)	(Middle)	
Cell Phone: ( )	Home Phone: ( )	Work Phone: ( )	
Please place a (*) next to the primary phone number			
Occupation, Title, Employer: _____			

**MEDICAL INFORMATION**

Special Health Issues: (Allergies, Asthma, Special Needs etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Person Authorized to care for Student in Emergency  
(Other than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**SCHEDULE**

**Times Available:**  
Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Weds: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

**MEDICAL and LIABILITY RELEASE**

I absolve and hold harmless the Neighborhood Music School, its staff, and Board of Directors from any liability which may result from my participation or from any minor in my legal custody. If the participant is a minor, I give my permission for any necessary emergency medical treatment. I understand the Neighborhood Music School has no obligation to supervise my children outside of their instruction. I release its employees and Board of Directors from any liability resulting from any lack of supervision of my child(ren) at the completion of their lesson(s) or classes.

(Signature of Parent or Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

**POLICY AGREEMENT**

I have received the Policy Booklet, and agree to abide by the attendance and payment policies of the Neighborhood Music School.

(Signature of Parent or Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

**PUBLICITY RELEASE**

Students involved in instruction at the Neighborhood Music School, may be photographed and/or videographed and such media may be used for educational purposes, and to publicize programs at the Neighborhood Music School. I permit the use of any such photos or video of my family (or guardians of the minor) and my child (or student).

(Signature of Parent or Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

**OFFICE USE ONLY**

PAYMENTS	SCHEDULING / NOTES
Payment Date: _____ <input type="checkbox"/> check <input type="checkbox"/> cash    # : _____ Registration Total: _____ Lessons or Classes Total: _____ # of Lessons or Classes: _____ Accepted by : _____	

**MUSICAL BACKGROUND and PLACEMENT**

Instrument(s): \_\_\_\_\_ Level:     Beginner     Intermediate     Advanced  
Has the Student studied music before?     Yes     No    If Yes, how long and where? \_\_\_\_\_  
Does the student play any other instruments?     Yes     No  
Instrument: \_\_\_\_\_     Beginner     Intermediate     Advanced