please circle the session and class:

winter/spring 2016:  session 1  session 2

cello  4:10-4:55  5:00-5:45

drums  4:10-4:55  5:00-5:45

guitar  4:10-4:55  5:00-5:45

chess  4:10-4:55  5:00-5:45

ulpan  4:10-4:55  5:00-5:45

student name ________________________________________ date of birth ______________________
current grade in school ______ school child attends during the week ________________________________
name of parent or guardian ____________________________ relationship ____________________________
home address _______________________________________ zip code

parent/guardian email address/es _____________________________________________________________

Please provide at least two phone numbers to use in case of an emergency.

1. _________________________________________________________________

2. _________________________________________________________________

Who will usually bring your child to class? ___________________ Who will usually pick up? __________

We won’t dismiss your child to someone we don’t know. Please advise us of any changes ahead of time!

Any food allergies? _________________________________ (Does your child carry an EpiPen? ____)

Any other medical conditions we should know about? ____________________________________________

Do you think of your child as a special learner? In what way/s?

______________________________________________________________

Please share any additional information you want the staff to be aware of, or speak to us privately.
(All information will be treated as confidential.)

_____________________________________________________________________________________

I give permission for EMJC to use photographs or recordings
of my family members for publicity purposes for the Center. ______________________________(signature)

I understand any missed classes are made up by the end of the following cycle; there are no refunds. _____ (initial)