



**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)