

(Academy of the Gifted) After School Music Program 2017

REGISTRATION FORM

Date _____

PARTICIPANT INFORMATION: Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male Age: _____ T-Shirt Size _____

School: _____

Grade attending for year 2017-2018: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Meals: Snacks will be provided by the school.

Important: If your child has any food allergies you will need to provide their snacks.

Payments: Tuition may be paid by cash; check or credit card.

Make the check payable to: **Academy of the Gifted**

Weekly Academy Fees: \$60 Registration fee: \$60

Contact Information

For more information call 704-750-1397 or 704-691-7730

Email: academyofthegifted@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

I understand that the registration fee is due at the time of registration. The 1st payment will need to be paid in advance. Each additional payment will be due on the Friday before or Monday of the start of the week (no exceptions). We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Academy of the Gifted every day.

DROP OFF AND PICK UP

Pick up time:

- 2:30PM - 3:30PM (Church & School Van)
- A \$1 fee will be charged for every minute past 6:00pm.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **Academy of the Gifted** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (student's name) _____ is in good mental and physical health condition to participate in the activities provided by **Academy of the Gifted**. I hereby release **Academy of the Gifted employee's and its staff** from liability to the above named, of the person claiming through him/her, arising from injury to the person or property of the above named occurring on the premises of **Academy of the Gifted**, including any event sponsored or sanctioned by **Academy of the Gifted** and or travel to and from such activities.

I understand that **Academy of the Gifted**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the academy, etc.) or becomes involved in any activity or with any persons not associated with **Academy of the Gifted**, or its scheduled program and that **Academy of the Gifted**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

(Academy of the Gifted) After School Music Program 2017

STUDENT EVALUATION FORM

Date _____

PARTICIPANT INFORMATION: Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: ☐ Female ☐ Male **Age:** _____ **T-Shirt Size** _____

School: _____

Grade attending for year 2017-2018: _____

IS THERE ANYONE WHO CAN NOT PICK YOUR CHILD UP?

LIST THOSE WHO CAN PICK YOUR CHILD UP IN YOUR ABSENCE:

FULL NAME:

TELEPHONE:

TALENT INTEREST: *Select All That Apply*

- | | | | |
|---------------------------------|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Drums | <input type="checkbox"/> Theatre | <input type="checkbox"/> Digital Arts (Photographer/Graphics) | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Dance | <input type="checkbox"/> Music Production | <input type="checkbox"/> Piano |

EXPERIENCE: *Select All That Apply*

1. _____
2. _____
3. _____
4. _____
5. _____

IS YOUR CHILD INTERESTED IN AN ART THAT WE DO NOT OFFER? ☐ YES

IF YES, WHAT ART IS YOUR CHILD INTERESTED IN? _____

HOW DID YOU DISCOVER THE ACADEMY OF THE GIFTED?

- ☐ Facebook/Social Media ☐ Referral ☐ Website ☐ Google