



___ New Student

___ Returning Student

Freeport Academy of Performance & Fine arts
Student Registration Form: September 2015- December 2015

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____

Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

E-Mail: _____ Place of Employment: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

E-Mail: _____ Place of Employment: _____

SEPARATED PARENT

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child: Yes ___ No ___

Home Address: _____ City: _____ State: ___ Zip: _____

Contact Phone: (_____) _____ E-Mail Address: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to Child: _____ Phone: _____

2. Name: _____ Relationship to Child: _____ Phone: _____

3. Name: _____ Relationship to Child: _____ Phone: _____

CLASS PARTICIPATION:

Class Name	Day	Time

How did you hear about our school? _____

Previous Arts Training

Please list prior arts experience (i.e. number of years, technique studied, teachers, etc.):

PAYMENT INFORMATION

Freeport Christian Academy Students

- Registration Fees: No fee
- Monthly Tuition: \$200

Registration Fee for non-members of Freeport Christian Academy

- New Student: \$30
- Returning Student: \$20
- Monthly Tuition: \$260

All students are recommended to purchase their individual instruments. All instruments belonging to The Freeport Christian Academy of Fine Arts must remain within the premises. I also understand that all fees paid are nonrefundable and nontransferable. The returned check/declined card fee is \$35. All payments are due by the 10th of each month. Late payments will be charged a \$15 fee.

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

FORMS OF PAYMENT ACCEPTED: CREDIT CARD - CHECK - CASH

RELEASE AND AUTHORIZATION

Name of Student: _____

Indicated in the space below are any health problems or conditions of which the school should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Freeport Academy of Performance & Fine Arts and its staff from any and all claims or damages of any kind arising out of my child's participation in the dance/exercise or program and further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Freeport Academy of Performance & Fine Arts or designated agents (being teachers or administrators employed by Freeport Academy of Performance & Fine Arts) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Freeport Academy of Performance & Fine Arts responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

PARENT NAME PRINT _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

EMERGENCY INFORMATION

Physician: _____ Hospital Preference: _____

Insurance Company Policy No.: _____

Allergies (food, medicine, etc.): _____

Additional Information/Comments (i.e. blood transfusions, etc.): _____

