**PROGRAM REGISTRATION**

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| --- |
|  |
| Student Name:  |
| Street Address:  |
| City: Zip:  |
| Date of Birth Grade  |
| Parent/Guardian Email  |
| Ethnicity (*Not mandatory, but we ask for your help as funders ask us for this information.)*\_\_\_\_\_\_Hispanic/Latino \_\_\_\_\_African American \_\_\_\_\_\_ White/Caucasian\_\_\_\_\_\_Native American \_\_\_\_\_Other  |

|  |
| --- |
| Program registered for \_\_\_\_\_\_ Tuition Amount   |
| Program registered for \_\_\_\_ Tuition Amount  |
| Program registered for Tuition Amount  |
| Total Tuition Due\* \_\_\_\_\_\_\_\_\_ |
|  |

\***A $25.00 deposit is due upon registration and will be applied to the tuition amount. Total payment is due by the date of the first class. If payment is not received by this time, the student will not be allowed to enroll. There will be a charge for any returned check.**

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| **Contact Information** |
| Mother/Guardian  |
| Place of Employment |
| Phone: Home Work Cell  |
| Father/Guardian  |
| Place of Employment |
| Phone: Home Work Cell  |
| Emergency Contact: (other than parents-name & phone #) |
| **At no time will we allow another individual to pick up your child, other than those listed on this form, except as notified in writing by the parent/guardian. If you require an alternate person to be able to pick up your child, you must sign a release IN ADVANCE to notify us of this change. This individual will be required to provide proper identification. Thank you for helping us to enforce our child safety rules by observing these procedures!** |
| **I hereby give permission for my child to be transported to the nearest hospital for medical treatment and for Epoch Arts staff and volunteers to consent to such treatment in case of any emergency whereby parents or guardians cannot be reached. I agree to discharge any officer, director, teacher, employee or volunteer from any claims, demands or liability of damage arising from the participation of my child in any classes or programs sponsored by Epoch Arts. I hereby grant my permission for my child to be photographed or videotaped and for such material to be utilized by Epoch Arts, and be the sole property thereof.** |
|  |
| Parent/Guardian signature Relationship to Child Date |

***Questions? Call Elizabeth Namen, at (860)267-2597***

**PROGRAM REGISTRATION**

My child has the following *allergies* or *medical conditions* (Please indicate whether allergy or medical condition; if none, please indicate NONE).

At no time will we allow another individual to pick up your child, other than those listed below except as notified **in writing** by the parent/guardian. If you require an alternate person to be able to pick up your child, you **must** sign a release IN ADVANCE to notify us of this change. This individual will be required to provide proper identification. Thank you for helping us to enforce our child safety rules by observing these procedures! Parents/Guardians should be included below if they will be picking up the child.

Name Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child is ***not*** allowed to be picked up by the following person.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ My child is allowed to walk home from any Epoch event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Relationship to Child Date