



RENAISSANCE E.M.S. EARLY CHILDHOOD MUSIC PROGRAM REGISTRATION FORM

PARENTS MAY NOT LEAVE THE PREMISES WHILE THE CHILD IS IN CLASS

Registration Date: _____ / _____ / _____
Month Day Year

First Name _____ Last Name _____

D.O.B. ____ / ____ / ____ Age ____ Gender: Male Female

Name of Daycare _____ Borough of Daycare: _____

Parent/ Guardian's Email _____ @ _____

Parent/ Guardian's Name: _____

Home Address _____ Apt # _____ Zip Code _____

Home Tel # (____) _____ Cell # (____) _____ Provider: _____

Emergency Contact Information

Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____ Work # (____) _____

Are there any medical conditions that should be brought to our attention? Yes No

If yes, what? _____

The information requested below is optional, but necessary for reporting to funders the population that we serve:

Household Recipient of (check all that apply): Public Assistance Medicaid Food Stamps SSI

Household Status: Single Parent Both Parents Other _____

Ethnicity: Hispanic African American Caucasian Native American Other _____

Income Status (check one): 5k – 10k 10k – 15k 15k – 20k 20k – 25k 25k – 30k
 30k – 35k 35k – 40k 40k – 45k 45k – 50k 50k & Up

Waiver Release Form: I herewith consent to participate without compensations as a participant in the Renaissance – E.M.S. program. Renaissance Education, Music and Sports Inc., its representatives, successors, and assignees, may use and license others to use, my image, statements and/or voice for publication, re-publication, cable casting, re-cable casting, direct exhibition and subsidiary purpose including, without limitation, use in all media for the purpose of publicizing and promoting the Renaissance – E.M.S. program. I hereby indemnify you and your licensees representing any claim arising from my acts or statements at Renaissance.

I UNDERSTAND THAT I MAY NOT LEAVE THE PREMISES WHILE MY CHILD IS IN CLASS.

Parent/Guardian Print Name

Parent's/Guardian's Signature

Date

- Office Use Only -
 Check when application is entered into the system.

-OFFICE USE ONLY-

CYCLE: FALL WINTER SPRING SUMMER YEAR:20 Day: _____ Time: _____ AM PM

Check Class: Keyboard Guitar Bass Drums Vocals Saxophone Master Vocals

Check Level: 1 (Beginner) 2 (Intermediate) 3 (Advanced)

SIBLINGS IN PROGRAM? NO YES # _____ Fee: _____ NO PAYMENT NO PAYMENT

PAYMENT _____ DATE _____ RECEIPT# _____ INITIALS _____ BAL. DUE _____

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