

**NCMACC INSTRUMENTAL & FINE ARTS PROGRAM REGISTRATION FORM**

\* Please submit one form per student.

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Male  Female  Transgender

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel (H): \_\_\_\_\_

(C): \_\_\_\_\_

E-mail address: \_\_\_\_\_ (Please be sure to give us your e-mail address.)

PIANO	PAINTING
<input type="checkbox"/> Tuesdays 4:00-5:00 pm	<input type="checkbox"/> Mondays 4:15-5:15 pm
<input type="checkbox"/> Wednesdays 3:30-4:30 pm	<input type="checkbox"/> Tuesdays 3:00 - 4:00 pm
<input type="checkbox"/> Thursdays 5:00-6:00 pm	
<input type="checkbox"/> Fridays 3:30 - 4:30 pm	SINGING
<input type="checkbox"/> Saturday 10:00 - 11:00 am	<input type="checkbox"/> Mondays 3:00 -4:00 pm
<input type="checkbox"/> Saturdays 11:00 - 12:00 pm	
	GUITAR
	<input type="checkbox"/> Fridays 5:00- 6:00 pm

**Emergency Contacts/Persons Authorized for Pick Up** (Parent/Guardian will be contacted first in case of an emergency)

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Tel (W): \_\_\_\_\_ (C): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Tel (W): \_\_\_\_\_ (C): \_\_\_\_\_

**How did you hear about this program?**

Friends/Family  Flyer  Internet Search  Other Organization  Others: \_\_\_\_\_

**STUDENT'S MEDICAL HISTORY:** *This information is kept completely confidential.*

Dates of the most current immunization for the following: Tetanus Booster: \_\_\_\_\_ Tuberculin Test: \_\_\_\_\_

The students has diagnosed with:

Appendicitis  Asthma  Diabetes  Measles  Mumps  Tonsillectomy  Chicken Pox

Chronic/Recurring Illness: \_\_\_\_\_ Other: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Policy#: \_\_\_\_\_ Daily Medications: \_\_\_\_\_

**\*Does student have any disability or special accommodation requests?** Yes \_\_\_ No \_\_\_ Unspecified \_\_\_

If yes, please explain: \_\_\_\_\_

(If yes, our staff will contact your for more information.)

**Does student suffer from any allergies (especially food)?** Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**Do you authorize NCMACC staff to administer any prescribed medication or pain medication if needed?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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**Race/Ethnicity (Select only one option)**

African American	Specify:	White American (Specify)	Specify:
Asian American	Specify:	Hispanic American	Specify:
Native American	Specify:	Others	Specify:

*(For example: Asian American, specify: Korean American, Chinese American, etc.)*

**English Fluency**

Fluent		Somewhat Fluent		Note Fluent		Unknown	
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**TUITION FEE**

- Tuition fee per program (8 weeks) per student: \$100 **check payable to: NCMACC or cash**. Sorry, no credit cards accepted.
- Payment in full is required at the time of registration.
- Piano books are sold separately and are available at the office.

**REFUND POLICY:**

Withdrawal notice must be received by the office before the second class meeting for a full refund. After the second class meeting, refund request will not be accepted.

**ABSENCES:**

Makeup lesson is not available for group classes. If the student is absent 2 times or more, his or her space will be given to a new student from the waiting list. If a student misses many lessons, it will be difficult to follow the curriculum.

**CONDUCT:**

Parental supervision is required before and after lessons for all students. Neither teachers nor administrative staff is responsible for supervising children outside of lesson time.

**INSTRUMENTAL & FINE ARTS CLASS ATTENDANCE AND ART EXHIBIT AGREEMENT**

There will be a music recital and art exhibit at the end of the program. This event is an opportunity to showcase the effort and hard work your child had made throughout the program. **Parents must present at the recital or the art exhibit. If your child is not able to attend the end of semester event, your child may not be eligible to attend future INSTRUMENTAL & FINE ARTS classes.** My child and I understand our commitment to participate in the INSTRUMENTAL & FINE ARTS Recital & Art Exhibit at the end of the program.

**PHOTO CONSENT AND RELEASE & WAIVER OF LIABILITY**

I hereby give / do not give permission for images of my child, captured during classes through video, photo and digital camera, to be used solely for the purposes of INSTRUMENTAL & FINE ARTS program's promotional material and publications and waive only rights of compensation or ownership thereto.

I understand that good instrumental lessons/ training involves touching and adjustment of the student's body to correct posture by the instructor.

**NON-DISCRIMINATION POLICY**

NCMACC complies with all laws prohibiting discrimination in the conduct of its operations and programs. NCMACC admits students of any religion, race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of religion, race, color, national and ethnic origin in the administration of its educational policies, scholarship programs or other school administered programs.

*\*\*\* By enrolling your child in our piano lessons, you agree to abide by the NCMACC policy. You understand that good instrumental lessons may involve touching and adjustment of the student's body to correct posture by the teacher; and you are aware that NCMACC teachers are strictly contracted not to solicit parents to arrange outside lesson. NCMACC reserves the right to make changes to the policy when necessary. We will send notification in advance for any changes that might occur. \*\*\**

**I agree to all the above statements and conditions.**

Signed by student: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_