

NCMACC WREACHOUT PROGRAM REGISTRATION FORM: WREACH OUT ___ Fall ___ Spring 20___

* 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.)

<p align="center">PIANO</p> <p><input type="checkbox"/> Tuesdays 4:05-5:05 pm</p> <p><input type="checkbox"/> Wednesdays 3:30-4:30 pm</p> <p><input type="checkbox"/> Thursdays 3:00-4:00 pm</p> <p><input type="checkbox"/> Fridays 3:00 - 4:00 pm</p> <p><input type="checkbox"/> Saturday 9:00 - 10:00 am</p> <p><input type="checkbox"/> Saturdays 10:00 - 11:00 am</p> <p align="center">Taekwondo</p> <p><input type="checkbox"/> Tuesdays 4:00- 5:30 pm</p>	<p align="center">Painting</p> <p><input type="checkbox"/> Mondays 4:15-5:15 pm</p> <p><input type="checkbox"/> Tuesdays 3:00 - 4:00 pm</p> <p align="center">Singing</p> <p><input type="checkbox"/> Mondays 3:00 -4:00 pm</p> <p align="center">Guitar</p> <p><input type="checkbox"/> Wednesday 4:45-5:45 pm</p> <p><input type="checkbox"/> Fridays 4:15-5:15 pm</p>
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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: _____

NCMACC WREACHOUT PROGRAM REGISTRATION FORM

Race/Ethnicity (Select only one option)

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

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

Home Language (Select only one option)

English	Korean	Mandarin	Cantonese
French	German	Russian	Japanese
Spanish	Arabic	Other *Specify:	

English Fluency

Fluent	Somewhat Fluent	Not Fluent	Unknown
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REGISTRATION FEE

- Registration fee per program per semester per student: \$100 **check payable to: NCMACC or cash**. Sorry, no credit cards accepted.

-Payment in full is required at the time of registration.

-Tuition Fee: N/A

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 absent 3 times or more, his or her space will be given to a new student from the waiting list.

RE-ENROLLMENT:

Students who attended 2+ semesters will be placed on a wait list for the third or future semester. 50% will have chance to enroll again.

WREACH OUT CLASS ATTENDANCE, RECITAL, TAEKWONDO DEMONSTRATION, AND ART EXHIBIT AGREEMENT

There will be a music recital, Taekwondo demonstration and art exhibit at the end of the semester. This event is an opportunity to showcase the effort and hard work your child had made throughout the semester. **Parents must present at the recital, Taekwondo demonstration 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 WREACH OUT classes.** My child and I understand our commitment to participate in the WREACH OUT Recital, Taekwondo Demonstration & Art Exhibit at the end of the semester.

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 WREACH OUT 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.

I agree to all the above statements and conditions.

Signed by student: _____ Date: _____

Signed by parent/guardian: _____ Date: _____