

**Harmony & Music Education for Youth
2011-2012**

Student Registration Form

Today's Date: _____

Child's Name: _____
Please Print

Age: ____ Birth Date: ____/____/____ Health Card Number: _____
Day Month Year

Is student a new member returning member

If new, how did you hear about Harmony? _____

If registering more than one child this section may be left blank by indicating child name on which information form contains this completed section.

NAME _____

Parents/Guardian Name(s): _____

Address: _____ / _____
Postal Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

****Parent E-mail: _____

Student Email : _____

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

In event of an emergency please contact parent first (please check) **Y** **N**

As a parent, I would like to volunteer with (please circle all that apply)

Bake Sales Phone calls Concerts Volunteer Committee Fundraisers Teacher
Costumes Driving Haunted House Office Board of Directors

Let us know how you can help:

To work directly with our students a volunteer must complete an application and provide a police check with a Vulnerable Sector Check. Please see administration for information and form.

Please list any health concerns, allergies, or medical conditions that Harmony must be aware of:

Are you aware of any learning disabilities, we need to be aware of, such as; ADD, ADHD, FAS, ODD explain: _____

Were you referred to Harmony from CAS, or St. Clair Child & Youth Services, or any other social agency? If yes, please state the name of the agency, and caseworker: Yes No

Please state any concerns that you might have, in regards to experience that Harmony may assist you with, such as bullying, social pressures, etc:

Photo, CD, and Video and Computer release. Yes No

Parent/Guardian Signature _____ Date _____

I give permission for my child to participate in concerts outside of the Harmony centre, and allow my child to be transported, if I cannot drive.

Parent/Guardian Signature _____ Date _____

Has the student filled out the “pay it forward contract” yes no

Student’s Program Selection (Note: some programs have age restrictions)

Program #1 ; _____ Day; _____

Program #2 ; _____ Day; _____

Experience: _____

Do you require supplies such as instrument, dance shoes, etc? If yes, please list in order of preference: (please note that any materials borrowed will require a deposit and rental form completed)

- 1) _____
- 2) _____
- 3) _____