

Neighborhood Strings Student Registration Form

Name of Student: _____ Date of Birth: _____ Gender: _____

Name(s) of Parent(s) / Guardian(s): _____

Grade: _____ Age: _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is your preference for contact from NS: (circle one) phone, email, text, mail?

Emergency Contact (other than parent/guardian):

Name: _____ Relationship: _____

Phone: _____ Emergency/Medical Notes: _____

Photo/Video Permission:

In the event that children in the program may be included in any newspaper, radio, television, internet publicity or other materials promoting the program, I **do** / I **do not** (circle one) give my child(ren) permission to be included.

Parent Signature: _____

Transportation Information

How will your child(ren) be leaving class?:

Parent will pick up
child(ren)

Other approved family
member / friend will
pick up

Child will walk home

_____ Check here if you would be willing to provide rides to other NS students for special events

Parent signature: _____ Date: _____