



Neighborhood Strings Student Registration Form 2024-2025

Name of Student: _____ Date of Birth: _____ Age: _____ Grade: _____

Gender: Male Female Non-Binary Transgender

Race or Ethnicity (*this information is required by our funders*)

American Indian or Alaskan Native Asian Black or African American Hispanic or Latino/a
 Middle Eastern or North African Native Hawaiian or Pacific Islander White

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

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 (please include food allergies: _____

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? Please check one:

Parent will pick up Other 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: _____