



Neighborhood Strings Student Registration Form 2025-2026

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: _____