Neighborhood Strings
Student Registration Form 2026-2027

Full 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: _____