Registration Form 2011-2012

Parent/Guardian Information (for students under 18 years of age only)

Parent/Guardian #1 Name _____ Work # or Cell # _____

Parent/Guardian #2 Name _____ Work # or Cell # _____

Street Address _____ Home Phone # _____

City, State, Zip _____ E-Mail Address (for list serve) _____

Student(s) Information

First Name _____ Last Name _____ ____/____/____ Date of Birth Male or Female? _____ Adult Student? ( )

First Name _____ Last Name _____ ____/____/____ Date of Birth Male or Female? _____ Adult Student? ( )

First Name _____ Last Name _____ ____/____/____ Date of Birth Male or Female? _____ Adult Student? ( )

Emergency Contact Information

Emergency Contact (other than parent/guardian listed above) _____ Emergency Contact Phone # _____

How did you hear about us? (Please check one)

( ) Internet search
( ) Brochure / Direct Mail / Door-Hanger
( ) Walk-In
( ) Constant Contact
( ) School Newspaper
( ) Community Newspaper
( ) Referral; If so, whom may we thank? _____
( ) Other; _____

CLASSES

CLASS	DAY/TIME	LOCATION (ALX or FFX)	STUDENT'S NAME

MUSIC LESSONS

INSTRUMENT/VOICE	DAY/TIME/INSTRUCTOR	LOCATION (ALX or FFX)	STUDENT'S NAME

CONSENT

We appreciate the confidence expressed in your decision to enroll with Metropolitan Fine Arts Center. We take our responsibility seriously and will provide the highest quality fine arts learning experience possible. To ensure you or your child's safety and enjoyment, we would appreciate knowing any medical problem or learning disability, which may affect participation. Please contact the director for a confidential discussion.

For Adult Students: I, _____hereby consent to my participation in activities at Metropolitan Fine Arts Center, subject to the Rules and Regulations, a copy of which has been provided to me. I am aware that any physical activity should be undertaken ONLY after consultation with a physician and I assume responsibility for doing so. I have advised Metropolitan Fine Arts Center in writing of any limitations due to medical or physical conditions.

For Parents: I, _____, the parent or legal guardian of _____, a minor child, does hereby consent to the participation of said minor child in the activity, subject to the Rules and Regulations, a copy of which has been provided to me. I am aware that any physical activity should be undertaken ONLY after consultation with a physician and I assume responsibility for my child doing so. I have advised Metropolitan Fine Arts Center in writing of any limitations necessitated by my child's activities due to medical or physical conditions.

I hereby hold Metropolitan Fine Arts Center and its employees or contractees harmless for any cost, claim, injury, damage, or liability incurred at the facility except due to the negligence of its agents or employees. I have received, read and fully understand Metropolitan Fine Arts Center's Policies and Procedures.

Signature _____ Date _____