



Saturday Conservatory of Music

A Project of Community Partners

Enrollment Form

Today's Date: _____ Fall Winter Spring Year: _____

STUDENT INFORMATION

New Student Current Student Returning Student after how long? _____ Male Female

Name

(Last) (First) (Middle) (Nickname)

Birthday

(Month / Day / Year)

School

Primary Phone

Secondary Phone

Student's Email

Address

(City) (Zip)

PARENT or GUARDIAN INFORMATION

Student lives with: Both Parents Mom Dad Shared Custody Guardian Other

Parent or Guardian (or First Emergency Contact)

Name

(Last) (First) (Middle) Mother Father

Cell Phone

Home Phone

Work Phone

Address

(if different from student)

Parent/Guardian

Email (Required)

(City) (Zip)

Occupation, Title, Employer

MEDICAL INFORMATION

Student's Health Issues (Allergies, Asthma, Special Needs, etc.)

Person Authorized to care for Student in Emergency (If other than those listed above)

Name

Relationship

Phone

Doctor's Name

Phone

Preferred Hospital (if no family doctor)

MEDICAL and LIABILITY RELEASE

I absolve and hold harmless the Saturday Conservatory of Music and Community Partners, the staff, and Board of Directors from any liability which may result from the participation of any minor in my legal custody. If the participant is a minor, I give my permission for any necessary emergency medical treatment. I understand the Saturday Conservatory of Music and Community Partners have no obligation to supervise my children outside of the classroom. I release their staff and Board of Directors from any liability resulting from any lack of supervision of my child at the completion of their classes.

(Signature of Parent or Guardian)

(Date)

PUBLICITY RELEASE

Students involved in instruction at the Saturday Conservatory of Music, a project of Community Partners, may be photographed and/or videographed and such media may be used for educational purposes, and to publicize programs at the Saturday Conservatory of Music, a project of Community Partners. I permit the use of any such photos or video of my family (or guardians of the minor) and my child.

(Signature of Parent or Guardian)

(Date)

PARENT RESPONSIBILITY

As the parent/guardian of the above named student(s), I assume financial responsibility for any and all damage, including due to misuse, abuse and neglect, and any and all loss, including due to theft, of or to any and all Saturday Conservatory of Music, a project of Community Partners, and San Gabriel Unified School District property, including, but not limited to, repair and/or replacement costs of affected instrument(s), equipment and/or premises.

(Signature of Parent or Guardian)

(Date)

Name

(Last Name *from page one*) (Name as it should appear in print, *if different from page one*)

Ethnicity and Household Information (Optional: For Grant Purposes Only)

Ethnicity African American Asian or Pacific Islander Caucasian Hispanic/Latino Native American Other _____
 # of Brothers _____ Age (s) _____ # of Sisters _____ Age (s) _____ Home Language _____ City of Birth _____

PROGRAM SURVEY

How did you hear about our program?
 Family/Friend Website Flyer Outreach Event Other
 Please specify: _____ Please specify: _____

INSTRUMENT SELECTION and BACKGROUND

Has the Student studied music before? yes no If yes, how long and where? _____
 Instrument _____ Additional Instrument? _____
 Do you have the instrument you wish to study? yes no Student currently taking private lessons? yes no

Siblings Information

Sibling Discount **-\$5 per one student enrolled in our program & siblings must be concurrently enrolled in our program for discount to apply).**
Not applicable to those with discount/scholarship

Full Name of 1st sibling at SCM _____
 Full Name of 2nd sibling at SCM _____
 Full Name of 3rd sibling at SCM _____
 Full Name of 4th sibling at SCM _____

Schedule

| Time | Name of Class | Approval and Placement | Room # |
|-------|---------------|------------------------|--------|
| 8:30 | | | |
| 9:30 | | | |
| 10:30 | | | |
| 11:30 | | | |
| 12:00 | | | |