

THE INSTITUTE OF MUSIC FOR CHILDREN 2017 REGISTRATION FORM
FRIDAY TEEN ARTS NIGHT

One Student per form/Un estudiante por la forma. How did you hear about our program? (please circle)
Please print CLEARLY /Por favor escriba CLARAMENTE Child's School Saw Banner Friend/Family Internet Other _____

Date: _____/_____/_____ o Returning Student o New

Student Name: _____ Date of Birth: ____/____/_____

Age: _____ Last Grade Completed: _____ o Male o Female

School: _____

Home Address: _____

City: _____ Zip: _____ County _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Family Email: _____ Hm. Phone: _____

Cell Phone (1): _____ Cell Phone (2) _____

For class updates or cancellations, you can best reach me by: o Text o Call o Email

Emergency Contact - Please list someone OTHER than parent (or self)

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Select your semester: o 12- Weeks Spring (February – May)

If available, would you need to rent an instrument? (\$25 for 12-wks) o Yes o No Keyboard Violin Guitar

If you are a returning PRIVATE STUDENT, please indicate the following:

Teacher (s) : _____ Class(es): _____

Day(s) of Classes: _____ Time of Class(s): _____

List any medical conditions/medications that we should be aware of (i.e. allergies or seizures, etc.)

Learning & Behavior:

Information about your child can be **VERY IMPORTANT** for us to know so we can best meet his or her needs. Please make us aware of any BEHAVIOR, LEARNING, or SOCIAL CHALLENGES your child's been having.

My Child learns best in this type of learning environment:

STRICT REPETITIVE SLOW FREE-FLOWING RELAXED DEMANDING FAST-PACED
STRUCTURED PATIENCE CONSTRUCTIVE CRITICISM POSITIVE REINFORCEMENT

In school or classroom my child is/has (please circle all that apply):

TROUBLE FOCUSING TALKATIVE SHY ENTHUSIASTIC BOSSY EAGER
CLASS CLOWN ANGER MANAGEMENT ISSUES HARD TIME FOLLOWING INSTRUCTIONS SELF-ESTEEM CONCERNS
STRUGGLES WITH ANXIETY GETS BULLIED MAKES FRIENDS EASILY OTHER: _____

Diagnoses: ADD ADHD SPD Dyslexia Conduct Disorder Autism Spectrum Anxiety Disorder

Any other learning or social skills challenges? _____

Describe your child: _____