



Institute of Music for Children Afterschool Institute

ENROLLMENT FORM SPRING 2018

Afterschool Institute Location (Circle One): ELIZABETH PLAINFIELD

Select Your Semester (Check One):

24-Weeks Fall/Spring (Oct.-May 2018) 12-Weeks Fall (Oct.-Jan. 2018) 12-Weeks Spring (Feb. 2018 - May 2018)

Tuition Rate (Check One): Standard Member

How did you hear about us?:

Today's Date: _____

Banner Child's School Facebook Flyer IMC Website
 Postcard Referral from IMC Family Word of Mouth

1. Student Information

Name: _____ Student Status: New Student Returning

School Name: _____ Grade: _____ Birth Date: _____ Age: _____

Gender: Female Male Gender Neutral

Allergies/Food: _____ Chronic Illness/Medication: _____

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

Names of siblings who will also attend Afterschool Institute: _____

Any other learning or social skills challenges?: _____

I confirm that my child has current immunizations according to New Jersey school entrance requirements.

My child is not immunized.

In case of a non-medical emergency, I give permission for Over The Counter medications (i.e. Tylenol, Tums, Benadryl, etc.) to my child if needed.

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer Name: _____

Employer Name: _____

Work Phone: _____

Work Phone: _____

Family Email Address: _____

Preferred Method of Contact: **Text** **Call** **Email (circle one)**



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3. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Relationship: _____ Primary Phone: _____

Name: _____ Relationship: _____ Primary Phone: _____

4. Afterschool Institute Class Selection

If taking music lessons, **STUDENTS ARE REQUIRED TO PRACTICE** at home in between lessons. (10 – 30 minutes daily is recommended). **Will you need to rent an instrument?** (\$50.00 for 24 wks. / \$25.00 for 12-wks.) Yes No

Guitar Keyboard Violin Other _____

There is a tuition fee for the Afterschool Institute

Afterschool Institute fees may be paid in advance or on approved payment plans. See the **TUITION POLICY** for terms and conditions. **If for any reason a student is absent 3 times per semester, they will not be able to continue with the program without a review with the parent, Teaching Artist and Director.** Tuition may only be refunded for a serious illness for which the child's physician provides notice to The Institute of Music for Children.

Class Name: _____ Day: _____ Age: _____ Time: _____

Class Name: _____ Day: _____ Age: _____ Time: _____

Class Name: _____ Day: _____ Age: _____ Time: _____

Class Name: _____ Day: _____ Age: _____ Time: _____

Total Fee: \$ _____ Financial Aid Requested? YES NO

5. Parent/Guardian Consent for Photographs, Video and Media

I give my consent to the Institute of Music for Children (IMC) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release IMC from any claims whatsoever which may arise in said regards. Yes No

6. Parent/Guardian Consent to Participate in the After School Program

This confirms that _____ (the student) has my permission to participate in classes at **The Institute of Music and I will be responsible for tuition fees and will make sure my child attends regularly and has transportation.** I hereby authorize the emergency treatment by a qualified and licensed medical doctor selected by The Institute of Music for Children in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.). has permission to engage in all Institute of Music for Children program activities. The student and/or his/her parent/guardian agree to abide by the rules and regulations set up by the Institute of Music for Children for health, safety and welfare of the children participating in the program.

By signing this form, I acknowledge that **I have read, understand and agree with the Afterschool Institute Handbook and that any endeavor involves potential for injury is inherent in all activities.** Furthermore, I will not hold The Institute of Music for Children, or any individual associated with any of the organization, responsible in the event of accident or injury resulting from my child's participation in any Institute of Music for Children program. Yes No

Parent/Legal Guardian Signature _____

Date _____