

Tabor Community Arts Center, Inc.

2010-2011 Branford After School Arts Registration Form

Last Name: _____

Student Name: _____ New to the ASA Program? Yes No.
Street: _____ City: _____ Zip: _____
Home Phone: _____ Date of Birth: ____/____/____
School: _____ Grade Fall '09: _____

Mom: _____ Home Phone: _____
Home Address: _____ City: _____ Zip: _____
Employer/Occupation: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

Dad: _____ Home Phone: _____
Home Address: _____ City: _____ Zip: _____
Employer/Occupation: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

Emergency Contact Information (Other than parents)

1) Name: _____ Relation: _____
Phone: _____ Cell Phone: _____ Work Phone: _____
2) Name: _____ Relation: _____
Phone: _____ Cell Phone: _____ Work Phone: _____

You will be asked to sign your child out when you pick him/her up each day from After School Arts.
The following person(s) also have authorization to pick up the above named child.

1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____
3. Name: _____ Relation: _____ Phone: _____
4. Name: _____ Relation: _____ Phone: _____

Allergies: Foods/Medications to be avoided: _____

Please complete both sides →

Enrollment

(Please check all days / classes you plan on attending)

Grades K-4	Monday Dance <input type="checkbox"/>	Tuesday Music <input type="checkbox"/>	Wednesday Drama <input type="checkbox"/>	Thursday Visiting Artist <input type="checkbox"/>	Friday Art <input type="checkbox"/>
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Grades 5-8	Monday Art <input type="checkbox"/>	Tuesday Visiting Artist <input type="checkbox"/>	Wednesday Visiting Artist <input type="checkbox"/>	Thursday Visiting Artist <input type="checkbox"/>	Friday Creative Writing <input type="checkbox"/>
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Transportation

Bus

Other* _____

*if you are making alternative transportation plans, please list them here

Photo Release

I **do** **do not** give permission for photos of my child to be used in TCAC brochures, website, and/or other press.

Medical Permission / Release

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby waive and release Tabor Community Arts Center, Inc. from all claims of any kind arising out of the provision of emergency medical treatment for my son/daughter.

Signature of Parent or Guardian: _____ **Date:** _____

Acceptance of Financial Obligation

By Signing below I understand I am entering into a contract for the entire school year, and that all days/classes must be paid for whether attended or missed. I also understand that if I decide to leave the program prior to the end of the school year my deposit will be forfeited. Monthly tuition is payable upon the 10th of the previous month. A late fee of \$25 is incurred if monthly tuition payments are not made on time. There is a \$40 fee for returned checks.

Name: _____ **Signature:** _____ **Date:** _____

If other than Parent / Guardian, Please provide contact information.

Phone: _____ **Address:** _____

Please return completed registration form to:

Tabor Community Arts Center, Inc • 45 Tabor Drive, Branford, CT 06405-5225

Forms received without the \$200.00 deposit (New students Only) will not be processed.

and do not serve as a reservation of a student's place/time in the ASA program.

Space is limited. Policies subject to change.

For Office Use:

Total Deposit Received _____ Check Number _____ Date _____ Received By _____