

Colorado Springs Conservatory Music Makers Student/Parent Information Form

415 S. Sahwatch Colorado Springs, CO 80903 719-577-4556

Date _____ New Student _____ Current Student # of years _____

Please select the 2016-2017 program parent/caregiver and child are enrolling in:

____ Baby Class (Birth – 1) ____ Toddler Class (1-2 year olds) ____ Pre-School Class (2-3 year olds)

- All classes are parent/caregiver and child. An adult is required for every class, no exceptions.

PLEASE TYPE or PRINT ALL INFORMATION CLEARLY

Student Name: _____ M / F
First Last

Date of Birth: _____ Age: _____

Parent/Caregiver Attending: _____

Cell Phone: () _____ E-Mail: _____

Parent or Guardian Information:

Parent/Guardian Name: _____
First Last

Employer: _____ Cell Phone: () _____ Work Phone: () _____

Parent E-Mail: _____

Second Parent Name: _____
First Last

Second Parent/Guardian Address (if applicable) _____
Street City State Zip

Employer: _____ Cell Phone: () _____ Work Phone: () _____

Parent E-Mail: _____

Please list any health concerns or issues that teachers should be aware of

I, the undersigned, give consent for my child to participate in activities at the Colorado Springs Conservatory. In the event I cannot be reached in an emergency, I give permission for my child to be transported, hospitalized and treated.

Emergency Contact _____ Phone Number _____

Child's Physician _____ Phone Number _____

Preferred Hospital _____ Insurance Carrier _____

Please list any known allergies _____

Please list any medications taken on a regular basis: _____

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Parent/Guardian Signature

Date