



**MASTER REGISTRATION FORM**  
**A \$25 REGISTRATION FEE IS REQUIRED FOR ALL PROGRAMS**  
**WITH THE EXCEPTION OF THE CONSERVATORY**

SCHOOL-YEAR PROGRAMS OFFERED:

*NEW! Duet Saturday Studios Dance II Music School The Conservatory*

ARTS ACADEMY

*Art Institute Dance Academy Studio Players*

SUMMER PROGRAMS OFFERED:

*Camp Hart Ailey Camp The Conservatory  
Summer Institute for Blind College-Bound Musicians*

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_  
GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_  
GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
CELLULAR PHONE: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:**

I give NSFC and its personnel permission to seek medical attention, in the event of an emergency, if NSFC is unable to contact me or the person listed above. NSFC shall have the right to determine whether a medical emergency exists. NSFC shall not be responsible for payment of medical service of such emergency, and will be reimbursed for any expenditure incurred. YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

**MEDIA RELEASE:**

I give NSFC permission to use the student's name or photograph for newspaper, video or media release.

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

**ETHNIC ORIGIN (NEEDED FOR STATISTICAL USE ONLY):**

African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**THIS FORM CANNOT BE PROCESSED WITHOUT THE RECEIPT AND PAYMENT OF REGISTRATION FEE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: \$25 REGISTRATION FEE RECEIVED DATE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_



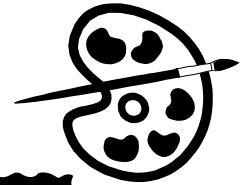
This program is a special needs arts program that is designed to help students strengthen motor, cognitive, communication and social skills.

Each week students attend four specialized arts classes designed to fully engage all in a variety of activities. Students will learn about art, cultural drumming, theater and dance. While developing their art skills, students will learn about a theme and help to create a performance based on that topic.

The program serves children with a range of disabilities from developmental, learning, and physical to social/emotional. Transportation for the programs is available for residents in the Greater Bridgeport area.

The program begins on Saturday, October 14, 2010 and will meet every other week for 15 sessions. The program meets from 9:00 AM – 12:00 PM.

The cost for this program is \$750 plus a \$25 registration fee.



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**Student Name(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Student's Disability: \_\_\_\_\_

Medications and their use: \_\_\_\_\_

Is your child subject to Seizures? \_\_\_\_\_ Special Dietary Needs \_\_\_\_\_

Allergies: \_\_\_\_\_

**I HAVE READ THE GENERAL POLICIES AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**IF AN AGENCY IS PAYING THE FEES, AUTHORIZATION IS REQUIRED**

**Name of Authorized Agency Representative:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Saturday**