***South Bay Vocal class Registration Form***

***Semester I: January to May, 2016***

***Program date: Jan 3, 16, 24, 31 Feb 13, 20, 27 Mar 12, April 3, 9, 17, May 7***

**Class time varied for each date. Each class is about 1 hour.**

**A. Applicant Information**

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| --- | --- | --- | --- | --- | --- |
| Name | Birthday | Sex gender | Diagnosis if child  has Special Needs | Allergies/special diet  (Milk, egg…) | Special talents |
|  |  |  |  |  |  |

**Behavior:** Does your child have a behavior intervention plan in his/her IEP? Yes\_\_\_\_\_ No\_\_\_\_\_

Does your child have one on one aide in school? Yes \_\_\_\_ No \_\_\_\_

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| --- |
| Comment: (please share with us about your child’s reinforces, what are his behaviors, what are the triggers for the behaviors, how are they managed, and if your child has special health concern? Any other things that we need to pay attention to address his/ her needs? ) |
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In case there is a property damage and/or assault behavior, an incident report will be sent home for your information. Parents have the right to schedule a meeting with program director and program coordinator after receiving the report.

**B. Parents’ / Guardians’ Information**

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian)

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian)

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Street City Zip

**C. Emergency Contact Information (Other than Parents)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone/Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Tuition for Vocal class**

* **ADDITIONAL $25 PER SESSION FOR FCSN NON-MEMBERS**

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There are total 12 classes this semester. Each class is $5.

* The tuition will be collected at the beginning of the semester. No makeup or rebate for missing classes.

**E. Payment methods:**

* Please make check payable to “FCSN” or cash.
* Note “SB vocal class” and student name in the memo.

**F. Signatures**

Yes \_\_\_ No \_\_\_ I give my permission to *Friends of Children with Special Needs (FCSN)* staff to film, photo, or tape my family for the purpose of promoting the objectives of this music program.

By registering with the Private music Program, the parent(s)/guardian(s) release FCSN and all its volunteers from any and all liabilities resulting from participation in all activities. The parent(s)/guardian(s) also agree to and accept all terms stated in this registration below.

**Participant Liability Waiver and Hold Harmless Agreement**

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend Friends of Children with Special Needs (FCSN) for any claims arising out of participation in said program(s).

**Risk of Injury**

If my or my child's behavior is injurious to self or to others, FCSN reserves the right to remove me/him/her from the program

and terminate my/his/her admission for safety reasons.

As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death,

damages, or loss which I and/or my minor child/ward may sustain as a result of participating in any and all activities

associated with this program.”

**Waiver of Injury Claims** “

I agree to waive and relinquish any and all claims I and/or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program.”

**Release from Liability** “

I do hereby fully release and discharge Friends of Children with Special Needs (FCSN) and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.”

**Indemnity and Defense** “

I further agree to indemnify, hold harmless and defend Friends of Children with Special Needs (FCSN) and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.”

In the event of any emergency, I authorize Friends of Children with Special Needs (FCSN) to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

Adult Student or Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_