

NCMACC PROGRAM REGISTRATION FORM: WREACH OUT ____Fall ____Spring

* Please submit one form per each student.

Today's Date: _____

Student's Name: _____

☐ Male ☐ Female ☐ Transgender

Age: _____ Date of Birth: _____

School Name: _____

Previous Grade: _____ Current Grade: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel (H): _____ (C): _____

E-mail address: _____ (Please be sure to give us your e-mail address.)

| | |
|---|---|
| <p>PIANO</p> <p><input type="checkbox"/> Wednesdays 2:30 – 3:30 pm</p> <p><input type="checkbox"/> Wednesdays 3:30–4:30 pm</p> <p><input type="checkbox"/> Fridays 2:30 – 3:00 pm</p> <p><input type="checkbox"/> Saturdays 10:00 – 11:00 pm</p> <p>Taekwondo</p> <p><input type="checkbox"/> Tuesdays 3:30 – 5:00 pm</p> | <p>Painting</p> <p><input type="checkbox"/> Tuesdays 3:00 – 4:00 pm</p> <p>Singing</p> <p><input type="checkbox"/> Mondays 3:00 – 4:00 pm (Audition Only)</p> |
|---|---|

Emergency Contacts/Persons Authorized for Pick Up (Parent/Guardian will be contacted first in case of an emergency)

Name: _____

Relationship: _____ Tel (W): _____ (C): _____

Name: _____

Relationship: _____ Tel (W): _____ (C): _____

Race/Ethnicity (Select only one option)

| | | |
|------------------------|--|-----------------------------------|
| African American | Hispanic/Latino-Mexican/Mexican American | Pacific Islander-Guamanian |
| Other Black *(Specify) | Hispanic/Latino-Central American | Pacific Islander-Hawaiian |
| Asian-Chinese | Hispanic/Latino-South American | Pacific Islander-Tongan |
| Asian-Filipino | Hispanic/Latino-Caribbean | Pacific Islander-Samoan |
| Asian-Indian | Hispanic/Latino-Other *(Specify) | Pacific Islander-Other *(Specify) |
| Asian-Japanese | Middle Eastern-Arab | White |
| Asian-Korean | Middle Eastern-Iranian | Multiracial/Multiethnic |
| Asian-Laotian | Middle Eastern-Other *(Specify) | Other *(Specify) |
| Asian-Thai | Native American | Declined to state |
| Asian-Vietnamese | Native Alaskan | |
| Asian-Other (Specify) | *Specify | |

Home Language (Select only one option)

| | |
|------------------------|-------------|
| English | Cantonese |
| Spanish | Vietnamese |
| Mandarin | Tagalog |
| Russian | Arabic |
| Khmer/Cambodian | Toishanese |
| Korean | Japanese |
| American Sign Language | Laotian |
| Other | Samoan |
| Specify Other: | Unspecified |

English Fluency

| |
|-----------------|
| Fluent |
| Somewhat Fluent |
| Not Fluent |
| Unknown |

NCMACC PROGRAM REGISTRATION FORM (WREACH OUT)

FEES

Registration fee per semester per student: ☐ \$80 check payable to: NCMACC or cash. Sorry, no credit cards accepted

** Students who attended 2+ semesters will be placed on a wait list. 50% will have chance to enroll again **

Program Fee : N/A

Family Income before taxes: *CONFIDENTIAL*

___ Under \$24,999 ___ \$25,000 – \$49,999 ___ \$50,000 – \$74,999 ___ \$75,000 – 99,999 ___ \$100,000 and above

STUDENT'S MEDICAL HISTORY: *This information is kept completely confidential.*

Dates of the most current immunization for the following: Tetanus Booster: _____ Tuberculin Test: _____

Which of the following has the student had:

☐ Appendicitis ☐ Asthma ☐ Diabetes ☐ Measles ☐ Mumps ☐ Tonsillectomy ☐ Chicken Pox

Chronic/Recurring Illness: _____ Other: _____

Family doctor: _____ Tel: _____

Preferred hospital: _____ Medical Insurance: _____

Policy#: _____ Daily Medications: _____

Does student have any disability or special accommodation requests? Yes ___ No ___ Unspecified ___

If yes, please explain: _____

Does student suffer from any allergies (especially food)? Yes ___ No ___

If yes, please explain: _____

Do you authorize NCMACC staff to administer any prescribed medication or pain medication if needed?

Yes ___ No ___ If yes, please explain: _____

Signed by parent/guardian: _____ Date: _____

PHOTO CONSENT AND RELEASE

I hereby give / do not give permission for images of my child, captured during classes through video, photo and digital camera, to be used solely for the purposes of WREACH OUT program's promotional material and publications and waive only rights of compensation or ownership thereto.

Signed by parent/guardian: _____ Date: _____

WREACH OUT CLASS ATTENDANCE, RECITAL, TAEKWONDO DEMONSTRATION, AND ART EXHIBIT AGREEMENT

There will be a music recital, Taekwondo demonstration and art exhibit at the end of the semester. This event is an opportunity to showcase the effort and hard work your child had made throughout the semester. If your child has missed more than 2 classes and is not able to attend the end of semester event, your child may not be eligible to attend future WREACH OUT classes. My child and I understand our commitment to participate in the WREACH OUT Recital, Taekwondo Demonstration & Art Exhibit at the end of the semester.

Signed by student: _____ Date: _____

Signed by parent/guardian: _____ Date: _____