



Date: _____

Student Registration Form

Child's Name: _____ Age: _____ DOB: _____

Parents Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E Mail Address: _____

Health Concerns/Food Allergies: _____

Emergency Contact: _____

Upon Enrollment Please Sign:

Re: Liability:

Please note, that individuals participating in the movement/art programs are participating at their own risk. In the event there is an injury, The Muzart Konnection, LLC, or anyone associated with this proram is not to be held liable. By signing this waiver you agree that you have read and agree to the above statement.

Your Signature: _____ Today's Date: _____

ANNUAL REGISTRATION FEES and FORMS:

<i>Fees</i>		<i>Forms</i>
2006	<input type="checkbox"/>	2006 <input type="checkbox"/>
2007	<input type="checkbox"/>	2007 <input type="checkbox"/>
2008	<input type="checkbox"/>	2008 <input type="checkbox"/>
2009	<input type="checkbox"/>	2009 <input type="checkbox"/>
2010	<input type="checkbox"/>	2010 <input type="checkbox"/>
2011	<input type="checkbox"/>	2011 <input type="checkbox"/>
2012	<input type="checkbox"/>	2012 <input type="checkbox"/>
2013	<input type="checkbox"/>	2013 <input type="checkbox"/>
2014	<input type="checkbox"/>	2014 <input type="checkbox"/>
2015	<input type="checkbox"/>	2015 <input type="checkbox"/>