

Da Capo Suzuki Early Childhood Education

2015 Student Registration Form

We are so excited you are interested in Suzuki Early Childhood Education classes! Please fill out this registration form and turn it in with your payment before or on the day of your next class. Please note that all contact information will be where teachers will try to reach you in the case of cancellations so please provide a phone number or email address where you can be reached easily.

Student Name: _____ Age: _____

Parent (Guardian) Name: _____

Home Address: _____

Phone Number: _____ Email: _____

MEDIA RELEASE

____ Yes, I agree to let Da Capo Suzuki Early Childhood Education use photos and video of my child for promotional use only. (No names or other information will be released.)

____ No, Da Capo Suzuki Early Childhood Education may not use photos of my child for promotional use.

LIABILITY RELEASE

____ I hereby agree to release Da Capo Suzuki Early Childhood Education (Christine Goodner & Karen Huffman) of any liability for injury/illness sustained during class. I hereby accept legal and financial responsibility for the above student in the event of illness or injury.

By signing below, I agree to the media release terms listed above and the attached class policies.

Signature

Print Name

Date