

I.M.P.A.C.

(Innovation Music and Performing Arts Conservatory)

Registration Form

Pre-registration required. Registration due by March 10, 2017
Due to the limited class size, walk-in registration the day of class cannot be accepted.

Names can be taken on a waiting list and called if any cancellations are received.

STUDENTS INFORMATION (one form per child)

Last Name First

School Grade

Birthday Age M F

Home Address

City State Zip

PARENT INFORMATION

Please list each parent or guardian in the student's household.

Last Name First

Relationship to student

Day Phone Evening

Cell Phone E-mail

Last Name First

Relationship to student

Day Phone Evening

Cell Phone E-mail

Please list parent/guardian living at a different household address, if applicable.

Last Name First

Relationship to student

Day Phone Evening

Cell Phone E-mail

FEE INFORMATION

Registration Fee \$10 ALL STUDENTS

Class Fee Irvington residents Free

All others \$75.00 ; each add'l child \$60

Fees must be paid in full at the time of in-person registration otherwise students will not be considered registered for classes.

Late pick-up charge \$10.

MEDICAL INFORMATION

Does your child have any medical or behavioral considerations that IMPAC should be aware of, including, but not limited to, allergies, medications, physical challenges or aversions? Please describe below.

All medical information is confidential.

STUDENTS EXPECTATIONS

IMPAC is an innovative seven-week experience that weaves exciting connections among the arts, such as dance, music both vocal and instrumental, and the culture that comes with it. Each week's schedule will include two (2) hours of instruction from professional instructors.

Parents and children must read the following student expectations together and discuss proper behavior with in the program.

+ I will treat all staff and students with respect and kindness.

+ I understand that fighting is not allowed and will result in being removed from program.

- + I will stay with my group and listen to my instructors.
- + I will leave all toys and electronic devices at home.
- + I will help keep the classrooms clean and orderly.
- + I will try new things, get involved in all activities and have fun!

GENERAL RELEASE

I give permission for my children to participate in this program and all activities. Program includes many hands-on activities, as well as recreational activities and some short field trips to local sites.

PHOTO RELEASE

I understand that IMPAC may photograph my child during class. Registration grants permission to use photos in all publications, web and approved media unless I request otherwise in writing.

EMERGENCY CONTACT INFORMATION

I, the undersigned parent/guardian, understand that in case of an emergency, I shall be consulted immediately. If I am not available, I hereby designate the following person to be contacted. If neither myself nor the person I have designated herewith are not immediately available, I authorize the staff of IMPAC to seek emergency treatment for my child.

Last Name First

Relationship to student

Day Phone Evening

Cell Phone E-mail

Please sign below to confirm that you understand and agree to all the terms and registration policies of IMPAC

Parent/Guardian Signature