



2024 Music Program Registration Form

Thank you for your interest in our Music Program. Please complete the following form in full after reviewing our ACF Program Policies (provided separately). Upon completion, please sign and return to our office.

PART 1 | STUDENT INFORMATION

STUDENT'S FULL NAME	DATE OF BIRTH	<input type="checkbox"/> M	<input type="checkbox"/> F					
STREET ADDRESS	APT/UNIT							
CITY/TOWN	IL	ZIP CODE						
CURRENT GRADE	PLEASE SELECT T-SHIRT SIZE:	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> XL

Please list any medical information that needs to be on file, including allergies: _____

Please select the number of years your child has participated in any music program: 0 1 2 3 4 5 6+

If your child has formally studied music in the past, please indicate where: _____

Please select the desired instrument of study:

Violin Viola Cello Piano Flute Guitar (group class only) Other: _____
Please note that any instrument listed under 'other' is subject to teaching staff and cannot be guaranteed.

Does the student have prior experience with this instrument? Yes No

PART 2 | PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FULL NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE INDICATE YOUR PREFERRED METHOD OF CONTACT: By phone By email

PART 3 | EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME

PHONE NUMBER

RELATIONSHIP

EMERGENCY CONTACT NAME

PHONE NUMBER

RELATIONSHIP

PART 4 | PARENT SIGNATURE

I, the undersigned parent/guardian of _____ (said minor), acknowledge that I have received, read, understand, and agree to abide by all ACF student registration and attendance policies and procedures. I give permission for said minor to participate in the ACF music program. I understand that by signing this authorization, I will not hold ACF liable for any injuries incurred while participating in program activities in which I have enrolled said minor. I understand that ACF is not responsible for any payments incurred due to medical care for said injuries.

PLEASE PRINT NAME

PARENT SIGNATURE

DATE SIGNED