



Performing Arts Programs designed for the  
Special Needs Community

## Registration Information

Student's Name:	Birthdate: (month/day/year)		
School Presently Attending:	Grade or Program:		
Home Address:	City:	Zip Code:	
Home Phone Number(s):			
E-mail:			
Parent's Name: _____	Parent's Name: _____		
Cell Phone Number: _____	Cell Phone Number: _____		
Occupation: _____	Occupation: _____		
Business Address: _____	Business Address: _____		
Business Phone: _____	Business Phone: _____		
Siblings: Name: _____	Age: _____	<input type="radio"/> Brother	<input type="radio"/> Sister
Name: _____	Age: _____	<input type="radio"/> Brother	<input type="radio"/> Sister
Name: _____	Age: _____	<input type="radio"/> Brother	<input type="radio"/> Sister
Allergies/Chronic Health Conditions			
Please list any chronic health concerns / allergies / food restrictions that we need to be aware of:			
Other activities child is involved in:			
What type of music does your child enjoy? Describe a goal that you would like for you child to reach while at Zylofone.			
<b>EMERGENCY CONTACTS &amp; TELEPHONE NUMBERS:</b> (in case of an emergency, someone must be available to pick up your child)			
Name: _____	Name: _____		
Phone: _____	Phone: _____		
Relationship to Child: _____	Relationship to Child: _____		

**LIABILITY WAIVER:**

I realize that any program, such as ZYLOPHONE's Performing Arts Programs, which involves movement can result in physical injury. I release ZYLOPHONE, its owners, instructors and staff from all liability for injury to my child from participation in this program. I permit my child to participate.

**PROGRAM CHANGES:**

ZYLOPHONE reserves the right to make changes in programs, schedules, instructors, and to cancel classes due to insufficient enrollment. ZYLOPHONE also reserves the right to refuse and or cancel the registration of a disruptive student.

I understand that Tuition for classes are non-refundable.

I have read, understand and agree to ZYLOPHONE's Policies as explained.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parents/Caregivers of children with special needs are required to stay on premise during class should they be needed to assist with their child.

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WORKSHOPS \$159.00

Please note which workshop(s) you will be attending:

Music and Movement \_\_\_\_\_ Sketch & Song \_\_\_\_\_ Karaoke \_\_\_\_\_ ZBop \_\_\_\_\_

The Groove \_\_\_\_\_ T.R.A.P. \_\_\_\_\_ ZImprov \_\_\_\_\_ Music and Me \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

Please Complete and Return the following:

REGISTRATION FORM, STUDENT PROFILE, APPEARANCE AND RELEASE FORM AND PAYMENT  
Check, Cash or Credit Card

Need a payment plan? Discounts for more than one workshop! Please call us to discuss!

CREDIT CARD  MC  VISA #: \_\_\_\_\_ EXP: \_\_\_\_\_

CID # \_\_\_\_\_

(You can also pay on line on our website-www.zylofone.org)

ZYLOPHONE STUDIOS, INC 3020 Route 207, Suite 107 Campbell Hall, NY 10916

For information: Phone: 845-476-8257 Fax: 845-457-9087

