



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.			
EMERGENCY CONTACTS & TELEPHONE NUMBERS: (in case of an emergency, someone must be available to pick up your child)			
Name: _____		Name: _____	
Phone: _____		Phone: _____	

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.

WORKSHOPS

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

Music and Movement _____ Sketch & Song _____ Karaoke _____

Summer Camp _____ Groove _____ TRAP _____ 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

