Watts-Willowbrook Conservatory

Enrollment Form

A Program of SAPPA

STUDENT INFORMATION

__ New Student __ Current Student __ Returning student after how long? _____ __ Male __ Female

NAME _____
(Last) (First) (Middle) (Nickname)

Date _____ Birthday _____ School _____
(Month / Day / Year) (Month / Day / Year)

Address _____
(Street) (City) (Zip)

Phone _____ Student's Email _____

PARENT or GUARDIAN INFORMATION

Student lives with: __ Both Parents __ Mom __ Dad __ Shared Custody __ Guardian __ Other

Parent or Guardian (or First Emergency Contact)

Name _____ __ Mother __ Father
(Last) (First) (Middle)

Cell Phone _____ Home Phone _____ Work Phone _____

Address (if different from students) _____
(Street) (City) (Zip)

Email _____

Occupation, Title, Employer _____

MEDICAL INFORMATION

Student's Health Issues (Allergies, Asthma, Special Needs, etc.) _____

_____

Person Authorized to care for Student in Emergency (If other than those listed above)

Name _____ Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Preferred Hospital (if no family doctor) _____

MEDICAL and LIABILITY RELEASE

I absolve and hold harmless the Watts-Willowbrook Conservatory , SAPPA, the staff, or Board of Directors from any liability which may result from the participation of any minor in my legal custody. If the participant is a minor, I give my permission for any necessary emergency medical treatment. I understand the Watts-Willowbrook Conservatory (and SAPPA) have no obligation to supervise my children outside of the classroom. I release their staff and Board of Directors from any liability resulting from any lack of supervision of my child at the completion of their classes.

(Signature of Parent or Guardian)X_____ (Date) _____

PUBLICITY RELEASE

Students involved in instruction at the Watts-Willowbrook Conservatory (and SAPPA), may be photographed and/or videographed and such media may be used for educational purposes, and to publicize programs at theWatts-Willowbrook Conservatory (and SAPPA). I permit the use of any such photos or video of my family (or guardians of the minor) and my child.

(Signature of Parent or Guardian)X_____ (Date) _____