

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 the Watts-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) _____

Name _____
 (Last Name from page one) (Name as it should appear in print, if different from page one)

Ethnicity and Household Information (Optional: For Grant Purposes Only)

Ethnicity ___ African American ___ Asian or Pacific Islander ___ Caucasian ___ Hispanic/Latino ___ Native American . ___ Other

of Brothers ___ Age (s) ___ # of Sisters ___ Age (s) ___ Home Language _____ City of Birth _____

Instrument Selection and Background

Has the Student studied music before? ___ yes ___ no If yes, how long and where? _____

Do you own an instrument? ___ yes ___ no Student currently taking private lessons? ___ yes ___ no

INSTRUMENT LOAN

I understand that loaned instruments will be available as long as student is actively involved in the music program. I will be responsible for return or exchange of any loaned instrument. If loaned instrument is lost, stolen or destroyed I will reimburse the WWC for it's full market value.

(Note: Correct telephone # and/or email must be verified BEFORE instrument is released to student.)

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

Enrollment Fees

Registration Fee -\$10 _____

Instrument Purchase \$50 _____

Student has own instrument _____

Student will purchase instrument _____

OFFICE USE ONLY

Amount Received _____ Date _____ check# _____ cash _____ Balance Due _____

Accepted by _____

