**EN-RICH-MENT REGISTRATION FORM, Arts in Stark Education Center, 1014 Cleveland Ave., NW, Canton OH 44702**

**NAME of STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_\_Female\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_DAY PHONE\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: Day\_\_\_\_MONTH\_\_\_\_YEAR\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_**

**T-shirt size –(Adult) S\_\_\_M\_\_\_L\_\_\_XL­\_\_\_\_\_\_XXL\_\_\_ (child) S\_\_M\_\_\_\_L\_\_\_XL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_**

**DO YOU PLAY A MUSICAL INSTRUMENT? YES\_\_NO\_\_Name of instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU TAKE PRIVATE LESSONS? YES\_\_\_NO\_\_\_**

**NAME OF PARENT (GUARDIAN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S CELL or HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check classes you would like to take – put in order of your preference with 1 being First choice. \*Instrument: cello\_\_\_flute (age 9+) \_\_\_trumpet\_\_\_violin\_\_\_viola\_\_\_\_\_\_ please check other activities you enjoy: Dance\_\_\_Garden\_\_\_\_choir\_\_\_\_\_\_steel drums\_\_\_\_Media (tv/graphic design) age 9+\_\_\_\_ “SPROUTS” drumline ages 4 – 7­­\_\_\_\_\_\_\_junior drumline (ages 9 – 12) \_\_\_\_\_\_varsity drumline ages 13 – 18\_\_\_\_\_\_\_**

**drumline dance (ages 10 – 18) \_\_\_\_\_young drumline dance ages 7- 9\_\_\_\_\_**

**In emergency may we call 911? \_\_\_Yes\_\_\_\_No\_\_\_ (please complete form on reverse side)**

**I give EN-RICH-MENT permission to use photos and rehearsal/performance videos of me for promotional purposes. I understand that EN-RICH-MENT or any of its instructors, staff or board members is not responsible for any personal injuries or damage to me or my personal Instrument.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of parent or guardian date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mail to: B Smith, Enrichment, 4110 Meadowview Dr., NW, Canton OH 44718**

* + 1. **email to** [**bettymacsmith@gmail.com**](mailto:bettymacsmith@gmail.com)

**please complete form on reverse side**

**7/18**