**1014 Cleveland Ave NW Canton, OH 44702 – COVID-19 GUIDELINES WILL BE ENFORCED. USE SOCIAL DISTANCING AND MASKS WHERE APPROPRIATE**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_ Female\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size\_\_\_\_\_\_\_\_\_\_\_**

**Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent (Guardian) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Saturday Classes:**

**Please check class(es) of interest: with 1st, 2nd and 3rd choice. (classes cannot be separated)**

**5 - 8 yr. old (9am-llam)**

Dance/Theater\_\_\_ Choir/Art/Sprouts\_\_\_\_ Garden (Sept, Oct, May)/Creative Cooking (Oct-April) \_\_\_ **(9-18)** Drum Set \_\_\_\_ JV Drumline \_\_\_\_

**9 - 18 yr. old (1130am-130pm)**

Dance/Theater \_\_\_ Choir/Art \_\_\_\_ Garden (Sept, Oct, May)/Creative Cooking (Oct-April) \_\_\_ Steel Drums/African Drums \_\_\_\_ TV Production \_\_\_\_

**Varsity Drumline (9-18) \_\_\_\_\_ Frontline Dance (7–18) \_\_\_\_**

(These classes take place 130pm-330pm)

**Afterschool:**

Tue: Theatre\_\_\_ Garden (Sept-Oct)/Creative Cooking\_\_\_ Violin\_\_\_ Choir\_\_\_ TV Production\_\_\_

Wed: Guitar\_\_\_ Jr. Drums\_\_\_ Brass\_\_\_

Thurs: Keyboard\_\_\_ Dance \_\_\_

**If your child has an IEP, please provide a copy.**

**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**