

EN-RICH-MENT General Registration Form

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 one class of interest in each time slot for the appropriate age group.

3-5 years old

(9am - 9:30am)

Creative Movement _____

(9:35am - 10:05am)

Creative Rhythm _____

5-9 years old

(9:40 - 10:15am)

Ballet I _____ Theatre I (** 9am Start) _____ Sprouts _____ Beginning Art _____ Creative Cooking I _____

(10:20 - 11am)

Stretch & Tone _____ Beginning Tap _____ Beginning Brass _____ Perspective Drawing _____

Creating Cooking II _____ Theater II _____

9 - 18 years old

(11:00 - Noon)

Theatre _____ Perspective Drawing _____ Creative Cooking I _____ Steel Drums _____ JV Drumline _____

Beginning Ballet _____

(12:05 - 1:05)

Jazz Dance Class _____ Music Theory _____ Art _____ Creative Cooking II _____ Strings _____

(1:10-2:10)

Tap Dance Class _____ Graphic Design _____ Movement & Conditioning _____ Strings _____ African Drums _____

(2:15 - 4:15)

_____ Drumline _____ Front Line/Sapphires _____

**** (9:40am - 11am) Drum Kit _____**

AFTERSCHOOL WEEKDAYS: 4:40p - 6:15p

TUESDAY: Acting _____ Strings _____ Choir/Vocals _____ Art _____ Dance _____

WEDNESDAY: JV Drumline _____ Musical Theater Dance _____

THURSDAY: Keyboard _____ Dance _____ Beginning Percussion _____ Creative Cooking _____ Guitar _____

FRIDAY: Church Rhythm Class _____

SPECIAL HEALTH CARE NEEDS

Does Your Child Have Any Special Health Care Needs That Require Treatment? ☐ YES ☐ NO

MEDICATION

Does Your Child Take Medication For Any Condition Or Illness? ☐ YES ☐ NO

If Yes, Describe Below.

In an emergency may we call 911? ___Yes___No___

Special Situations or Needs that this program should be aware of:

☐ Behavioral/Emotional Difficulties ☐ Physical Disabilities ☐ Other(Describe Below)

Any
Allergies_____

Participant's
Doctor_____

Contact
Number_____

Address_____

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in the EN-RICH-MENT PROGRAM.

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.

Parent/Guardian Signature_____ Date_____

My child will be picked up by me or one of the following individuals listed below:

Name	Relationship to Child	Telephone #
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Name	Relationship to Child	Telephone #
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