



St. James Town Community Arts

Formerly Reaching Out Through Music

Registration Form

Contact Us – execdir@sjtca.org

www.stjamestowncommunityarts.org

Student Information

First Name _____ Last Name _____

Date of Birth (mm/dd/yy) ____ / ____ / ____

School _____ Grade _____

Home Mailing Address _____

Primary Contact Information

What is the best way to reach the parent/guardian? Email Phone

Mother

First Name _____ Last Name _____

Phone Number (____) ____ - ____

Father

First Name _____ Last Name _____

Phone Number (____) ____ - ____

Other Parent/Guardian

First Name _____ Last Name _____

Phone Number (____) ____ - ____

Email address to communicate class information: _____

MUSIC, DRAMA, ART, DANCE



St. James Town Community Arts

Registration Form (continued)

Class Information

Which St. James Town Community Arts programs is your child currently enrolled in?

Check all that apply:

- | | | | |
|--------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Choir <input type="checkbox"/> | Drama <input type="checkbox"/> | Ukulele <input type="checkbox"/> | Singing <input type="checkbox"/> |
| Piano <input type="checkbox"/> | Violin <input type="checkbox"/> | Guitar <input type="checkbox"/> | N/A <input type="checkbox"/> |

Does your child take lessons *outside* of St. James Town Community Arts in any of the following?

- | | | | |
|--------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Choir <input type="checkbox"/> | Drama <input type="checkbox"/> | Ukulele <input type="checkbox"/> | Singing <input type="checkbox"/> |
| Piano <input type="checkbox"/> | Violin <input type="checkbox"/> | Guitar <input type="checkbox"/> | N/A <input type="checkbox"/> |

In signing, I confirm that all the above information is correct:

X Parent's Signature _____ Date: _____

Photo/Audio/Video Release Authorization:

I understand that audio recordings, photos and/or videos of the students enrolled in St. James Town Community Arts programs, including of my child, may be published. I agree that my child may be audio recorded, photographed, or video recorded during his/her/their participation in the programs and online videos submitted by the child for virtual performances may be published. I agree that St. James Town Community Arts may use the material for educational and promotional purposes only and will identify my child by first name only. No third part will use the materials without permission. The aforementioned items may be used in social media, including Facebook, Instagram, Twitter, and YouTube.

X Parent's Signature _____ Date: _____

MUSIC, DRAMA, ART, DANCE