



Student Name \_\_\_\_\_ Class/Program \_\_\_\_\_

Emergency Contact- Please provide name and phone number of someone in the event a parental/guardian cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Authorized Pick-up Person(s), other than listed above:

- 1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Behavioral Consideration: (attach additional information if necessary)

Behavioral Information

- Does your child exhibit social behavioral issues? Yes \_\_\_ No \_\_\_
Has your child been diagnosed with disorders within the Autism spectrum? Yes \_\_\_ No \_\_\_
Does your child require a para-educator in classroom settings? Yes \_\_\_ No \_\_\_

If you answered yes to any question above, please describe, in detail, the diagnosis and any additional information which would help us serve your child best in our activities. Attach additional forms if needed.

Insurance Information

Health Care Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Insurance Coverage provider \_\_\_\_\_ Number \_\_\_\_\_
Hospital Preference \_\_\_\_\_

Photography Release

I give the Broadway Center for the Performing Arts absolute rights and permission to publish and/or copyright photographs of myself and/or my child. These photographs may be used for marketing and publicity purposes, in any medium, without compensation to myself and/or my child. I hereby waive any right to inspect or approve of the finished product, including written copy that may be created within said photographs.

Limit of Liability

I agree to hold the Broadway Center for the Performing Arts, its board of directors and employees free and harmless from any and all claims, costs, losses, damages, recoveries, settlements, and expenses of any nature or kind, which may be incurred by participation in classes and activities at the Broadway Center for the Performing Arts or satellite venues used by the Broadway Center for the Performing Arts.

Behavioral Expectation

Disruptive or disrespectful behavior is not tolerated and will result in immediate dismissal from the program without refund.

I have read, understand, and agree to the terms listed above.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and bring it on the first day of class.
Students will not be admitted to class without this form having been received by staff and filed accordingly.