

Columbus Music and Art Academy
Application Form 2008-2009 (*please print*)

Child's First Name: _____ Last Name: _____

Age: _____ Date of birth: _____ Grade (2008-2009): _____ Female Male (circle)

Home Phone: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

School (2008-2009): _____ School District: _____

School Music Teacher (full name): _____

Your Local Newspaper (for example Dublin News) _____

Mom's First Name: _____ Last Name: _____

Occupation: _____ E-mail: _____

Dad's First Name: _____ Last Name: _____

Occupation: _____ E-mail: _____

Circle Classes: **Choir** **Art** **Music Theory**

How did you learn about us (new students only)?

- Referral by our student or parent (*full name*) _____

- Other (explain) _____

I _____ of _____
Parent/Legal Guardian (*please print*) *Child*

do hereby waive and release Columbus Music and Art Academy, The Directors and Teachers from any and all claims for damages and liability which may result from any and all personal injuries of any nature and/or loss or damage to personal property suffered by my child while participating in the Columbus Music and Art Academy programs or any related activities including trips taken away from the Academy, choir concerts, and art exhibitions.

I have read and understand the policies, schedule, and fees of Columbus Music and Art Academy.

Signature of Parent/Legal Guardian: _____ Date: _____

Mail this form and the registration fee of \$20 to Columbus Music and Art Academy, P.O. Box 218211, Columbus, OH 43221-8211. Make check payable to Columbus Music and Art Academy.