

# 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

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School (2008-2009): \_\_\_\_\_ School District: \_\_\_\_\_

School Music Teacher (full name): \_\_\_\_\_

Your Local Newspaper (for example, the 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): \_\_\_\_\_

If you were referred by our student's family, please write the student's full name.

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.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ 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.**