



OFFICE USE ONLY

Date Received _____

Account Created _____

REGISTRATION / ENROLLMENT FORM

Please print and complete the registration form completely. In order to register your child for classes, we must receive a completed registration form and a non-refundable registration fee.

How did you hear about the DSPAC?

___ Friend ___ Web ___ Radio ___ Newspaper ___ TV ___ Other (explain) _____

STUDENT INFORMATION

Please complete a separate registration form for each member of the family. Please note the registration fee for persons' enrolling as single verses sibling.

_____ **First Name**

_____ **Last Name**

_____ **School**

_____ **Grade**

_____ **Age**

_____ **Date of Birth:** ___/___/___

_____ **Student Home #**

_____ **Student Cell #**

Gender: female male **Level:** beginner intermediate advanced

Years of Experience: _____

Ethnicity: African-American/Black Caucasian Native American

Asian Hispanic Other: _____

_____ **Address**

_____ **Apt #**

_____ **City**

_____ **State**

_____ **Zip code**



PARENT / GUARDIAN INFORMATION

#1 Primary Contact

Parent/Guardian Name Relationship

Address Apt #

City State Zip code

Phone # Email Address

#2 Parent/Guardian

Parent/Guardian Name Relationship

Address Apt #

City State Zip code

Phone # Email Address

EMERGENCY CONTACT

Parent/Guardian Name Relationship



Pick-up Authorization Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Authorization Form. Please complete the form at the bottom of this page and return it along with your registration form. If this form is not thorough and complete, we the **Dwana Smallwood Performing Arts Center** will not release your child to anyone who you have not included on this Pick-up Authorization Form. All of the precautions for releasing students are to insure the safety of your child and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies regarding student pick-up.

If the pick-up person is someone not on your list, we will require a written note be sent to our receptionist before the end of your child's class with your signature authorizing the non-listed person to pick up. A follow up phone call will be made to parents confirming the written authorization.

We cannot accept phone call pick-up changes if it will be someone not on your authorized list. You will be notified immediately if someone **NOT** on your list comes to pick up your child and we have not received a written note with your authorization.

Photo I.D. is required for all individuals picking up a child. Please notify the people on your list that photo I.D. will be requested by the instructor or receptionist prior to releasing your child. This also applies to anyone you authorize in a written note to pick up your child.

If a spouse or child of a person listed below comes in to pick up your child, we **WILL NOT** release the child to that person. Your child will only be released to the persons named on your list and only after verifying the person with their picture I.D.

We know that emergencies and unusual situations happen, however we ask that you please try to restrict the people who pick up your child to the ones on the Pick-up Authorization Form.

If changes need to be made to this list during the course of the school year, please visit the receptionist to complete a new form.

Student Name: _____

Parent/Guardian Name: _____

Telephone Number: _____



I authorize the persons listed below to pick up my child from the **Dwana Smallwood Performing Arts Center**.

Please include names of **both parents** or **guardians** on this list.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

By signing below, I verify that I have read and agree to the Student Pick-up policies described on the Pick-up Authorization Form, and authorize the **Dwana Smallwood Performing Arts Center** to release my child to the above listed persons.

Parent Signature: _____

Date: _____