



New Garden Friends School Friendly Violins Program Registration & Medical Information Form

Child's Full Name _____ Name they go by _____ Age _____

Birth date _____ Gender _____ Last School Attended _____ Last Grade Completed _____

Parent(s)/Guardian(s) _____ Email address: _____

Home Address _____ **Phone** Home (____)-____-____ Work (____)-____-____

City/Zip Code _____ Mobile (____)-____-____

Extended Care Needed: Full time _____ **Part time** _____ **No time** _____

Free Summer Program T-Shirt: Please circle size for your child: YS YM YL AS AM AL AXL
(Youth) (Adult)

Please make checks payable to: *New Garden Friends School*

Violinist's Information

Last Piece Played: _____ Suzuki Book: _____

Reading Level: (Consult Violin Teacher for this)

Circle one: Beginner Intermediate Beginner Intermediate Advanced
 (No reading)

Years Studied: _____

Teacher's Name: _____ Teacher's Email: _____

Don't forget to fill out the Medical Information form on the reverse side of this page. Once you send this in, you will receive a confirmation letter verifying that you will attend this program.

NGFS Summer Program Medical Information & Permission Form

Permission is hereby granted for my child _____

- To participate in all of the activities of the summer program and use all of the educational and play equipment of the school and to leave the school premises on field trips in the school buses.
- To be included in pictures connected with Summer Program.

Permission is hereby granted for Summer Program staff members to take my child to an emergency room or nearby physician for treatment in case of illness or injury. It is understood that the Summer Program staff will make every effort to contact the parent(s)/guardian(s) of the child or their contact person should they be unavailable. Summer Program staff will also attempt to contact the family physician.

Permission is hereby granted for Summer Program staff members to administer the medications checked off below without having to notify the parent(s)/guardian(s):

_____ Acetaminophen	_____ Ibuprofen
_____ Benadryl	_____ Cough suppressant
_____ Stomach medication	_____ Other (specify) _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Carrier _____ Policy # _____

Hospital preference when available _____

Please list and describe any allergies, conditions or behavioral needs your child may have and what, if any, medications they will be taking while at Summer Program. All medications will be administered by NGFS Summer Program staff.

As a Quaker school, NGFS seeks to promote honesty, integrity and a sense of safety; therefore, if any student enrolled in our Summer Program cannot adhere to these values, they will be removed from the program without refund. Signing below verifies that you as parent(s)/guardian(s), understand this policy of conduct and will comply with these provisions.

Parent/Guardian Signature _____ Date _____