



# 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  
School Address: 1128 New Garden Rd  
Greensboro, NC 27410

## 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 \_\_\_\_\_