

**Please register my child in the following Fine Arts Academy classes:**

**Private Piano Lessons** (Circle one day and time. The cost is \$150.00 for six weeks.)

**(Kindergarten-12<sup>th</sup> grade)**

Monday Tuesday Wednesday Thursday Friday 3:00 3:30 4:00 4:30 5:00 5:30

**Private Guitar Lessons** (Circle one day and time. The cost is \$150.00 for six weeks.)

**(Kindergarten-12<sup>th</sup> grade)**

Monday 3:00 3:30 4:00 4:30 5:00 5:30  
 Tuesday 3:00 3:30 4:00 4:30 5:00 5:30  
 Wednesday 3:00 3:30 4:00 4:30 5:00 5:30  
 Thursday 3:00 3:30 4:00 4:30 5:00 5:30

**Private Guitar/Advanced Worship Guitar Lessons** (Circle one day and time. The cost is \$ 150.00 for six weeks.)

**(Kindergarten-12<sup>th</sup> grade)**

Tuesday Wednesday Thursday 4:00 4:30 5:00 5:30

**Other Private Instrumental Lessons** (Circle one day and time. The cost is \$150.00 for six weeks. This class is recommended for Advanced Band Class & beginners.)

(Circle instrument(s): Trumpet, Trombone, French Horn, Tuba

Monday Tuesday Thursday 3:30 4:00 4:30 5:00

(Circle instrument(s): Flute, Clarinet, Saxophone

Monday 5:00 Tuesday 4:00 4:30 5:00 5:30  
 Wednesday 5:00 5:30

**NOTE: All initial scheduling is done on a first come, first served basis. If a student is going to miss a private lesson, the instructor must be notified 24 hours in advance or payment will be required for the missed lesson. If arrangements to miss a private lesson are made in advance, a make-up lesson will be scheduled at the instructor's convenience based on time availability. All lessons must be paid for prior to enrollment or the student will not be permitted to attend class. Payment in full for private lesson and classes must accompany this form or the student will not be enrolled.**

**CLASSES**

**Beginning Brass Ensemble (4<sup>th</sup>– 8<sup>th</sup>)** (The cost is \$95.00 for the **Second Semester**)

Wednesday 3:30 (one hour)

**Elementary Select Choir (3<sup>rd</sup>- 5<sup>th</sup>)** (The cost is \$95.00 for the **Second Semester**)

Thursday 3:30 (one hour)

**Worship Dance Class (4<sup>th</sup>- 12<sup>th</sup>)** (The cost is \$95.00 for the **Second Semester**)

Wednesday 3:30 (one hour)

**Christian Hip-Hop Class (4<sup>th</sup> – 12<sup>th</sup>)** (The cost is \$95 for the **Second Semester**)

Tuesday 3:30 (one hour)

**(Please Note: The availability of these classes is based on an enrollment minimum of 6 students – if minimum isn't met, then Private lessons are available for \$ 150.00 for six ~ half-hour lessons for Brass instruments, and for Dance Classes the classes will be cancelled. If we have enough dance students, additional classes may be added).**

-----DO NOT TEAR-----

All students must complete the **front and back** of this form and submit it with **payment no later than January 6, 2010.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Total (\$) amount of classes enrolled in.

\$25.00 Annual registration fee **per student per school year (New students only – not for re-enrollments)**

\_\_\_\_\_ **Total** amount of check attached made payable to **Hillcrest Christian School**

**If a holiday falls on a scheduled lesson day, the lesson will be made up. If the instructor is not able to make up the lesson, a refund/credit will be issued for the lesson.**

**PLEASE COMPLETE INFORMATION ON THE BACK SIDE**

I/we, the undersigned, parent(s) or guardian of \_\_\_\_\_, birth date \_\_\_\_\_, grade \_\_\_\_\_ (minor), do hereby agree and authorize:

(a) In the event my child suffers sudden illness, accident, or injury, I/We give permission and authorize Hillcrest Christian School its agents and representatives, to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the health professional, and the school is unable to reach the parents or legal guardian or the emergency contact listed below, I/We authorize the hospital, or urgent care facility most accessible at the time of accident or during the illness to administer such x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care deemed advisable and may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician; and

(b) It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of HILLCREST CHRISTIAN SCHOOL, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health professional in the exercise of his/her best judgment may deem advisable.

(c) It is further understood that a completed original of this Emergency Treatment Authorization signed by each parent or guardian having custodial rights is required to be on file with the school as a condition to enrollment and/or participation in any school activity or event. It is further understood that it is my/our responsibility as the custodial parent or guardian to ensure that the information on this form is current. I/We further understand and agree that unless I/We complete and file a more current Emergency Treatment Authorization, Hillcrest and the medical professionals referred to herein shall be entitled to rely on the information and authorization contained herein.

**Parent or Legal Guardian: (please print)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Emergency contacts other than parent or guardian listed above: (please print)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Student's Physician—Health Care Organization: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Company/HMO: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Child's Medical Record Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Explain \_\_\_\_\_

Check if your child has had the following and give details below:

\_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy/Seizures \_\_\_\_\_ Allergies

\_\_\_\_\_ Other medical conditions \_\_\_\_\_

My child is allergic to the following medications, bee stings, or has other allergic reactions: \_\_\_\_\_

My child takes medication on a daily basis \_\_\_\_\_ What kind? \_\_\_\_\_ How much? \_\_\_\_\_

How Often? \_\_\_\_\_

**Hillcrest Christian School is unable to distribute any medication.**

**Mediation/Arbitration:** I/We further agree that any claim or dispute arising from or related to this Emergency Treatment Authorization or the aid or treatment given to my child shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Parent-Student Handbook, which is incorporated herein by reference or delivered to you concurrently herewith. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its Employees or agents and do hereby waive, on behalf of the undersigned and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except to enforce an arbitration decision.

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_