



Nesin Cultural Arts
 PO Box 249
 Monticello, NY 12701

845-798-9006
 www.nesinculturalarts.org

Child Information			
Name:			
Date of birth:	Phone	Sex	Male Female
Current Address:			
City:	State:	ZIP Code:	
School	Grade		
Email			
Second Child Information			
Name			
Date of birth:	Phone	Sex	Male Female
Current Address			
City:	State:	ZIP Code:	
School	Grade		
Email			
Parent			
Father's Name:			
Phone	Email		
Current address:			
City:	State:	ZIP Code:	
Mother's Name			
Phone	Email		
Current address:			
City:	State:	ZIP Code:	
Emergency Contact Information			
Name		Phone	
Class Enrollment and Photo Release			
Please list each child's name and check the class(s) for which they are registering.			
	Chorus	Visual Arts	Dance
Child's Name			
Second Child's Name			
Photo Release (Please sign if you give us permission to use video/pictures of your child.) <input type="checkbox"/> I understand photos may be used for local news releases and/or on the website Parent Signature: _____		Attendance <ul style="list-style-type: none"> I understand that if I miss more than 3 classes, my ability to perform in the concert is at the discretion of the instructor. I understand that I will contact my instructor if I am unable to attend class for any reason Parent Signature: _____	