



CHILD REGISTRATION INFORMATION FORM

Please Choose Your Program:

Drumz Over Gunz **Movements & Rhythms of Africa**

Child's Last Name _____, **First** _____ **Middle** _____

Child's Date of Birth (mo/day/yr) **Child's Gender** Male Female

Child's Current School _____ **Child's Current Grade**

Street Address _____ **City** _____ **ZIP Code** _____

Is Child Proficient in English? Yes No **Other Language(s) Spoken in Home** _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American

Pacific Islander White Other, specify _____

Does Child Have Health Insurance: Yes No

Hospital Preference:	Insurance Carrier:	Policy #:	Expiration Date:
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Does Child Have a Documented Disability, Medical Condition and/or Special Needs? Yes No

If yes, please explain: _____

Is Child able to Function in a Group Setting? Yes No If no, please explain: _____

Is child currently registered with the City of Miami? Yes No If yes, When? ___/___/___

Parent/Legal Guardian (full name) _____

Email _____ **Phone**

Emergency Contact:

Name/Phone #:	Relationship:	Authorize to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Phone #:	Relationship:	Authorize to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Phone #:	Relationship:	Authorize to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No