



There *is* a difference in education

1627 West 42nd Street • Davenport, IA 52806 • 563-391-3030

Instrumental Lessons Registration Form: Summer 2018

(This information is available to the staff and, in the event of an emergency, may be given to an appropriate emergency care provider)

Child's Name _____	Birthdate _____	Grade _____
Child's Address _____	Home Phone _____	
Mother's Name _____	Daytime Phone _____	
Mother's Email _____	Mother Cell _____	
Father's Name _____	Daytime Phone _____	
Father's Email _____	Father Cell _____	

Names of other people authorized to pick up your child

Emergency contact person to assume care of your child if you cannot be reached

Name: _____ Relationship _____ Phone _____

Child Physician _____ Phone _____

Child Dentist _____ Phone _____

My child has the following medical condition:

<input type="checkbox"/> Asthma/breathing problem	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies
<input type="checkbox"/> Other (please explain) _____		

I am arranging instrumental lessons with Mr. Connors for my child: _____.

I know I am responsible to arrange the **day(s) and time(s) with the teacher named above.**

I agree to have my child here on time and to pick them up promptly after the lesson.

A child must stay home if he/she is sick, including, but not limited to the following: fever, vomiting, diarrhea, cough or runny nose that prevents the child from participating in activities or has any illness determined to be harmful to him/her or other children.

I understand that the school discipline policy and procedures may apply to instrumental lessons. I understand and agree that the violation of these rules and policies may result in my child not being allowed to attend instrumental lessons.

Parent Signature: _____ Date: _____

- Return this form, along with a check payable to *Our Lady of Victory* to the school office by July 1, 2018