



First Steps in Music January-March 2019

Fee: \$100/Child, \$40/Siblings attending

Please give this form to Becky Murray or mail with payment to
AHM Youth Services, Attn: Becky, 25 Pendleton Drive, Hebron CT 06248

Today's Date: _____

Parent's Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Phone: _____

Address: _____ Town: _____ E-Mail address: _____

Person bringing child if other than parent: _____ Relationship to Child: _____

Phone: _____

Photo Release

I, _____ do/do not give permission to have any
(Please print parent name) (Please circle one)
photographs taken of my child(ren) _____.

I understand that the photograph(s) will be used for activity purposes in the program.

I, _____ do/do not give permission to have
(Please print parent's name) (please circle one)
photographs taken of my child(ren) _____ to be submitted to
Child's Name
newspapers/magazines/newsletters/AHM website/Social Media

Parent Signature: _____

Date: _____

For Office Use: __ Chk # __ Cash