



First Steps in Music Fall 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: _____

I would like the (Please check one) _____ 9:30-10:15 Class _____ 10:30-11:15 Class

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
{please print parent name} **(Please circle one)**
photographs taken of my child(ren) _____.

(Please print names)

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
(Please print names)
newspapers/magazines/newsletters/AHM website/Social Media .

Parent Signature: _____ **Date:** _____

For Office Use: __ Chk # __ Cash

