



# First Steps in Music Spring 2019

**Fee:** \$100/child, \$40/additional siblings

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