## INSTITUTE of MUSIC and DANCE at Marygrove College ----- ENROLLMENT FORM------

Today's Date	TERM	I 🖵 Fall	☐ Winter	☐ Spring	☐ Summer
STUDENT ID#					
Student Name	Date of Birth Age			Age	
Parent/Legal Guardian (if student is a ch	nild)				
Mailing Address					
City, State, Zip Code					
Home Phone	Ce	ell Phone			
Email address					
Emergency Contact		Phone Nu	mber		
The Institute of Music and Dance reserves the right to pho	otograph/publish pictures o	f enrolled student	s, in class or performa	nce for educational	and promotional purposes.
R	E G I S T	R A T	I O N		
COURSE # COU	RSE TITLE & SECTI	<u>ON</u>	DA	Y & TIME	<u>AMOUNT</u>
					\$
<del></del>					₹
			SUB	TOTAL	\$
			ТОТ	AL	\$
*********	*****	*****	******	*****	*****
PAYMENT TYPE: ☐ Cash ☐ Checky	′MO □ VISA □	MASTERCA	NRD □ Staff G	Grant 🗖 Emp	oloyee Voucher
Name on Credit Card					
Credit Card Number			Expiration	on Date	/
Person financially responsible – if not stu	udent:				
Date of Birth			Last four digi	ts of SS #	
Mailing Address					
City, State, Zip					
CICNIATUDE					

Marygrove College admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

## MEDICAL AND LIABILITY RELEASE FORM

(Must be filled out completely by parent or legal guardian. Please do not skip any questions.)

Mother's name	
	Father's work phone
Mother's cell phone	Father's cell phone
Legal Guardian's name	
Legal Guardian's work phone	Legal Guardian's cell phone
	IF PARENTS CANNOT BE CONTACTED, NOTIFY:
Name:	Phone: Relationship
INSURANCE AND MEDICAL INFORM Family Physician:	
Insurance Carrier:	
MEDICATION (if any)	ALLERGIC TO (if any)
I authorize Marygrove College to seek tro classes and also authorize a licensed phys	eatment for injury or illness to my child while attending Kids' College sician, hospital, or medical clinic to perform treatment for any illness at for treatment, either personally or through health insurance carrier
	Marygrove College for any injury sustained as a result of my son or ents. Marygrove College strives to provide the maximum in safety d.
Signature of Parent or Legal Guardian	n: