

----- **Music Connections with Debbie Mondale** -----

This form is essential to complete ONCE. Please complete, and bring to 1<sup>st</sup> day of class.

**Initial Family Information**

Date Completed \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email addresses \_\_\_\_\_

\_\_\_\_\_

Do you prefer to be contacted by: \_\_\_ phone, \_\_\_ email

Do you give permission to receive my E-newsletters? Y / N

What, or who, encouraged you to enroll for Kindermusik?

(Specify, IF a person, so I can thank them properly.)

\_\_\_\_\_

Child's Name(s)	Birthdate	Important Issues
-----------------	-----------	------------------

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

Please discuss what keeps the adults busy ( besides family):

Name **Career field** / Hobby / Music Involvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have: \_\_\_ blog, \_\_\_ facebook / myspace, \_\_\_ other

Online address (optional) \_\_\_\_\_

OK to share with Debbie? Y / N OK to share with class? Y / N

Do you own your own business, or have talent to share?

\_\_\_\_\_

Would like to distribute info,? Y / N Would like on blog? Y / N

**Photo / Video / Comments – Release Preference**

Debbie Mondale, of Music Connections, collects pictures of the children and families in class, as well as wonderful stories about your children, evaluation comments that you share, and possibly even video footage. I promise to use my best judgment in the choices made for the materials. PLEASE give me full permission to use these pictures and materials, but I will respect your wishes if you prefer not.

\_\_\_ Music Connections has my full permission to use any of the above for the stated purposes.

\_\_\_ Music Connections has my permission ONLY to share pictures in slideshows emailed to just the families in my class.

\_\_\_ Please share ONLY after I have been contacted about the specific materials to share.

\_\_\_ Please do NOT share any materials of my family.

Parent Signature \_\_\_\_\_

**Liability Release for Music Connections and the Facilities**

I \_\_\_\_\_ do hereby release and forever discharge Music Connections and InTune Studios, it's employees, agents, directors, officers, and any affiliate associated with Music Connections and the owners of any facilities where classes are held from any and all actions, claims, and demands for, upon, or by reason of damage, loss, or personal injury which may be sustained by my child or myself during the course of, or as a result of, participation in this musical activity. I realize that it is my responsibility to fully supervise my child(ren) before and after class, and siblings during class times where students participate independently, and during class times where I am participating as well. When a student is participating independently, I realize that I must stay on the premises to be able to care for any of my child's needs that may arise. Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_