

KENSINGTON COMMUNITY COUNCIL AFTER-SCHOOL PROGRAM

Registration Form

Student Name:		Date of Birth:	Grade:
□Check here if you are sure	ve already have your curre	nt contact information, then ski	p to Section II
Name of parent or legal guard	dian:		
Phone: (home)	(cell)	(work)	
Email #1:	Email	Email #2 (optional):	
Street Address/City/Zip:			
Please briefly describe any mapplicable):	•	the names and contact info of y	our music teacher (if
Instrument(s):		# Years Experien	ice:
Does your child have any spe	cial physical, behavioral, m	nedical, or other needs that we	should be aware of?
Emergency contact:	Relationship:		
Phone: (home)	(cell)	(work)	
Section II: Class is \$180, pa	yable to "KCC"		
☐ Fridays 2:45 PM—4:00 PM	Л - No experience required		
Open to all levels, grades 3-6. Cost class of a session, or for any missed		. No class on Friday April 5. There are	e no refunds after the second
best of my knowledge. I have the registration fee. In an em emergency medical treatmen	enclosed my registration for ergency, the emergency co t for my child. If you cannot	ove, and have provided accurate, or have authorized my cred ontact above is authorized to give reach me or them, I authorize tof my child by a physician, nu	it card to be charged for ve permission for BandWorks staff to take
X		Date:	
Signature (Must be signed in	by parent or guardian)		

Please mail your completed Registration form and check for \$180 payable to "KCC" to:

BandWorks, 2034 Blake Street, #9, Berkeley, CA 94704 Thank you and we hope your child has a great time in BandWorks!

Questions? Want more info about BandWorks? You can contact us directly at: