



EMERGENCY INFORMATION

PRESCHOOL CLASSES SUMMER CAMP

THIRD STREET MUSIC SCHOOL SETTLEMENT

235 East 11TH STREET • NEW YORK, NY 10003
TELEPHONE 212-777-3240 • FACSIMILE 212-505-2520
www.thirdstreetmusicschool.org

STUDENT INFORMATION

STUDENT NAME LAST NAME FIRST NAME DATE OF BIRTH (MM/DD/YYYY)

PARENT/GUARDIAN #1 INFORMATION

NAME LAST NAME FIRST NAME

HOME ADDRESS APT. # CITY STATE ZIP

EMPLOYER TITLE/OCCUPATION

WORK ADDRESS FLOOR # CITY STATE ZIP

HOME PHONE MOBILE PHONE

HOME E-MAIL ADDRESS BUSINESS PHONE

BUSINESS E-MAIL ADDRESS NOTES

PARENT/GUARDIAN #2 INFORMATION

NAME LAST NAME FIRST NAME

HOME ADDRESS APT. # CITY STATE ZIP

EMPLOYER TITLE/OCCUPATION

WORK ADDRESS FLOOR # CITY STATE ZIP

HOME PHONE MOBILE PHONE

HOME E-MAIL ADDRESS BUSINESS PHONE

BUSINESS E-MAIL ADDRESS NOTES

If your child resides in two locations, please list both addresses and phone numbers and note when the child is usually at each location. If both parents work outside of the home, please list both addresses and phone numbers.

PERSON(S) TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED

NAME PHONE NUMBER RELATIONSHIP TO YOU

NAME PHONE NUMBER RELATIONSHIP TO YOU

ADDITIONAL INFORMATION

NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD I understand that my child will not be released to anyone who is not on this list. If there are any changes I understand that I must inform the School in writing or e-mail so that this information can be updated.

NAME	RELATIONSHIP	CELL #
NAME	RELATIONSHIP	CELL #
NAME	RELATIONSHIP	CELL #

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR FOOD RESTRICTION AND INCLUDE TREATMENT METHOD: _____

PLEASE MENTION ANY SPECIAL NEEDS OR CIRCUMSTANCES OF YOUR CHILD THAT YOU FEEL HIS OR HER TEACHER SHOULD KNOW:

PLEASE CHECK BELOW IF YOU MIGHT BE INTERESTED IN PARTICIPATING IN ANY OF THE FOLLOWING PARENT ACTIVITIES AT THIRD STREET DURING THE COMING YEAR:

- Class Representative** We need at least 3 parents from each class who can commit to communicating with parents via email or phone chains to organize classroom and school-wide events, an annual pot luck dinner, and classroom related news.
- Spring Event Committee** (Hip downtown event for parents & friends with live music & dancing – meets monthly and more often closer to the event)
- Other** (Please describe any talents or services you could contribute to our school) _____

CONSENT FOR NEIGHBORHOOD WALKS

From time to time we will take a walk or trip in the neighborhood. We do not do this until the children are settled in. Please sign indicating that you give permission for your child to participate in a neighborhood walk.

CHILD'S NAME PLEASE PRINT

YOUR NAME DATE

- I give consent.
- I do not give consent.

CONSENT FOR MEDICAL TREATMENT

I do hereby give authority to the Third Street Music School Settlement staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

CHILD'S NAME PLEASE PRINT

YOUR NAME

RELATIONSHIP TO CHILD

YOUR SIGNATURE DATE