



Me and My Shadow

Fall 2022

Thursday Evenings

5:30 – 6:45 PM

New Morning School Me and My Shadow Registration

PLEASE COMPLETE AND RETURN WITH CLASS FEE. FEE IS NON-REFUNDABLE UNLESS WE ARE UNABLE TO ACCEPT THE CHILD. WE WILL NOTIFY YOU IF A CLASS IS FULL.

CHILD'S NAME _____ BIRTHDATE _____ AGE _____

ADDRESS: _____, _____, _____
 (Street & Number) (City) (Zip)

HOME PHONE: (_____) _____ Email _____

MOTHER'S NAME _____ (_____) _____
 (First) (Last) CELL PHONE _____

FATHER'S NAME _____ (_____) _____
 (First) (Last) CELL PHONE _____

RELEASE OF CLAIMS

I hereby declare that I am the parent/legal guardian of the child named above who is enrolled at New Morning School for the "Me and My Shadow" classes.

In consideration that I will be present during the aforementioned classes and so will be responsible for the care and treatment of my own child.

I hereby release and discharge New Morning School, its agents, employees, and officers, from all claims, demands, actions, or judgments which the undersigned ever had, now has, or may have against the school, its successors, or assigns, for all personal injuries or illnesses, known or unknown, which the child named above may suffer or incur.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

ATTENDING PARENT SIGNATURE: _____ **DATE** _____

IMMUNIZATION INFORMATION

All immunization shots MUST be up to date BEFORE the child begins the class. Please give the dates in the blanks provided. Indicate any medical reasons if your child CANNOT receive a required immunization.

DPT Series	HIB	Polio	MMR	Varicella (Chickenpox)	Hepatitis B	PCV Pneumococcal
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.			2.	2.
3.	3.	3.				3.
4.						4.

Allergies _____

I hereby apply for admission to New Morning School. I also give permission for my child's photograph, etc., to be used for information and publicity purposes in press releases, news articles, T.V., school brochures, etc.

Signed _____ Date _____

Amount paid: Class Fee: _____ Check Number _____
 Credit Card Number _____ Exp. Date _____ Security Code _____

New Morning School does not discriminate on the basis of race, color, national or ethnic origin, gender, sexual orientation, religion, family status, or socio-economic status in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.