



Northeast Performing Arts Group/N.E. Outreach Youth Center
3431 Benning Road, N.E. Washington, DC 20019
Office: (202) 388-1274 Email: neperformingartsgroup1@outlook.com

PERFORMING ARTS CLASSES 2023-24

Date of Registration: _____

Child's Information:

Child's Name: _____

Age: _____ DOB: _____ Ethnic Race: _____ Sex: _____

School Attending: _____ Current Grade: _____

Child's Email: _____

Parental Information:

Mother:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Ward: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Other Phone: _____

Email: _____

Father:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Other Phone: _____

Email: _____

Medical:

1. Does your child have any behavioral problems? ___Yes ___No

2. Does your child have any medical problems? ___Yes ___No

3. Does your child take medication? ___Yes ___No

Emergency Contact:

Name _____ Relation _____

Address: _____

Phone Number: _____

Name _____ Relation _____

Address: _____

Phone Number: _____

Consent to Pickup:

Please note that your child will be allowed two (2) persons other than yourself for Consent to Pickup. Please be advised that every person given consent to pick up your child will have to present some form of picture identification.

Name _____ Relation _____

Address: _____

Phone Number: _____

Name _____ Relation _____

Address: _____

Phone Number: _____

Upon signing this form it is agreed that neither Northeast Performing Arts Group, nor any of its affiliates are responsible for any injuries sustained in within the facility or on field trips, knowing that all-possible care will be given for your child's safety.

Parent's Signature: _____ Date: _____

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