ARKANSAS CENTER FOR MUSIC EDUCATION REGISTRATION FORM
P.O. Box 9068, Russellville, AR 72811 - 502 Tyler Road, Russellville, AR 72802
479-264-9107 info@ac-me.org www.ac-me.org
(Please complete a separate form for each student, including adults. Please print legibly.)

Today's Date: _____

Student's Name: _____ **Date Of Birth:** ____/____/____
First Last

Parent's Name: _____

E-mail: _____

Mailing Address (include city & zip): _____

Best Phone: _____ ❑ **cell** ❑ **home** ❑ **work**

Please number in order of preference (1-2) the following methods by which we can contact you with information that pertains to all students (we use Remind.com to contact our classes – you will receive a notification to email or text – whichever you select as your primary contact; you are required to respond to be added to the group):

_____ **Email** _____ **Text**

Has student had any type of musical instruction or training by a professional? ❑ **Yes** ❑ **No**

If yes, list type of instruction (voice, piano, guitar, string instrument, etc.), length of time taking instruction, and instructor.

_____

Student's Current Grade Level (if applicable): _____

Where does student attend school? _____

Please check the class(es) below the student listed above is registering for:

❑ **Pre-K Music (2-4)** ❑ **Elem. Music 1 (5-7)** ❑ **Elem. Music 2 (8 – 11)** ❑ **Gen. Music (12 & up)**

❑ **Orchestra:** ___ **Beginning 1** ____ **Beginning 2** ___ **Intermediate** ___ **Concert**

❑ **Band:** ___ **Beginning** ___ **Intermediate** ___ **Concert**

❑ **Beginning Guitar (acoustic/electric)** ❑ **Rhythm Guitar (when offered)**

❑ **Beginning Ukelele (when offered)** ❑ **River Valley Treble Chorus**

❑ **Wee Children's or Children's Musical Theater (4–14 – also complete measurement form)**

❑ **The Community Festival Chorale Circle voice part: soprano alto tenor bass**

❑ **West Central River Valley Community Band What instrument(s)** ***(list main first):*** _____

_____

❑ **Adult music reading (when offered)** ❑ **Handbell (when offered)**

Does student have other family members that will also be participating in any of the music classes offered by ACME?

❑ **Yes** ❑ **No** **If so, how many are participating?** _____

(continued on back)

Does the student have any special needs or difficulties (i.e. ADHD, learning disabilities, etc.)? (Note: We ask this so that we are not left finding out through trial and error that a child may have a difficulty. By knowing in advance, we may be able to modify lessons to assist such children. This information is required of any student wanting to participate in a performing group – band, orchestra, etc. This information will be kept confidential. Please be as specific as necessary.)

How did you hear about the classes for which you are registering?

❑ **Facebook** ❑ **Poster. Where:** _____ ❑ **Newspaper** _____

❑ **Radio. Station:** _____ ❑ **Friend/Family/Coworker**

Do you or a supporting family member have a craft or skill you would be willing to volunteer to ACME if there was a need? (music, plumbing, construction, electrical, accounting, etc.)

❑ **Yes. Please list:** _____

❑ **No**

Are you willing to volunteer with ACME? ❑ **Yes** ❑ **No**

If so, please check the tasks for which you are willing to volunteer:

___ **clerical** ___ **janitorial** ___ **yardwork** ___ **working fundraisers**

___ **inventory** ___ **classroom setup** ___ **distribution of posters**

___ **ushering/working concerts (food sales, admission collection, etc.**

___ **other:** _____

_____/_____

Parent/Adult Signature **Date**

PERMISSION TO PUBLISH PHOTOS/VIDEOS

I, _____, do hereby grant permission to the Arkansas Center for Music Education (A.C.M.E.), its administrators, and staff to publish photographs and/or videos that may include images of my child(ren) on the A.C.M.E. website or in local newspapers. I understand my child(ren) will not be identified by name without special permission as assigned below, and then only for the purpose of recognition of a special accomplishment.

I understand that I have the right to request prior knowledge of publication of any photograph and/or video and the right to visually inspect such materials before publication.

Names of child(ren) involved: _____

_____ _____

_____ _____

Parent Signature Date