

Registration Form (all fields required)

Name of Class

Session #(s) _____ \$ Amount Enclosed _____

Student Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Age _____ Birthdate _____/_____/_____

Parents Names _____

Emergency phone # (while child's in class) _____

Does this student have any food allergies, if yes please indicate what they are:

Emergency Medical Release:

In case my child is in need of emergency care, I hereby give permission as parent or legal guardian to the teaching staff of the DSCBA to secure emergency treatment for my child named above.

_____ Date _____

Signature of parent/legal guardian required

Media Release:

I give authorization for my child to be photographed for the DSCBA newsletter/website and any other publications. I understand that my child may be identified as a participant of the DSCBA activities. I understand that all art work created by my child is the property of the DSCBA and may be used as a marketing and/or sale/fundraising tool.

_____ Date _____

Signature of parent/legal guardian required

Please return form and payment to
Down Syndrome Connection 117-A Town & Country Dr. Danville Ca. 94526