



# STUDENT INFORMATION FORM 2018-2019

**Check program:**     Early Childhood     Private Instruction (Music Center)     Private Instruction (BLS)  
                          Classes & Ensembles     Music Therapy     Community Programs

Name of Student     Check if Adult Student    Instrument (If Applicable)  
\_\_\_\_\_

Birth Date: \_\_\_\_\_    Grade in Fall: \_\_\_\_\_    School: \_\_\_\_\_

Student Ethnicity     White/Caucasian     Black and/or African American     Hispanic and/or Latinx  
                          Asian     Other: \_\_\_\_\_

Student Preferred Language(s)  
1. \_\_\_\_\_    2. \_\_\_\_\_

Special needs/Considerations/Allergies  
\_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Gender:     Male     Female     Non-Binary     Prefer not to say  
                  Prefer to self-describe: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_    Phone (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Parent/Guardian #1    Occupation/Company Affiliation  
\_\_\_\_\_

(SALUTATION)

Parent Ethnicity     White/Caucasian     Black and/or African American     Hispanic and/or Latinx  
                          Asian     Other: \_\_\_\_\_

Parent Preferred Language  
1. \_\_\_\_\_    2. \_\_\_\_\_



COMMUNITY **MUSIC CENTER** OF BOSTON

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F: (617) 482-6267

[www.cmcb.org](http://www.cmcb.org)

# STUDENT INFORMATION FORM 2018-2019

Parent/Guardian #2

Occupation/Company Affiliation

\_\_\_\_\_  
(SALUTATION)

Parent Ethnicity    White/Caucasian    Black and/or African American    Hispanic and/or Latinx  
 Asian    Other: \_\_\_\_\_

Parent Preferred Language(s)

1. \_\_\_\_\_      2. \_\_\_\_\_

Check if same as primary

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_      Phone (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional Caregiver    Yes    No      Name: \_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

## Media Permission (For all registered children)

Community Music Center of Boston (CMCB), Inc. requests permission to use you and/or your child(ren)'s image in publicity and marketing materials. By granting your permission, you understand that your child's likeness could be used in various print, video, or online media. Please be assured that students' names will not be released, and by signing this form, you do not waive your right to privacy and confidentiality.

I/we understand that use of these images are exclusively intended for the promotion of Community Music Center of Boston (CMCB), Inc.; that images of my child(ren) may appear on the internet for an extended period of time; that there will be no financial or other remuneration for use of my child(ren)'s image;

Yes    No

Parent/Guardian Signature

Date

I affirm that I have received a copy of the Music Center's Policy.