



EMERGENCY INFORMATION

PRESCHOOL CLASSES SUMMER CAMP

THIRD STREET MUSIC SCHOOL SETTLEMENT

235 East 11TH STREET • NEW YORK, NY 10003
TELEPHONE 212-777-3240 • FACSIMILE 212-505-2520
www.thirdstreetmusicschool.org

STUDENT INFORMATION

STUDENT NAME LAST NAME FIRST NAME DATE OF BIRTH (MM/DD/YYYY)

PARENT/GUARDIAN #1 INFORMATION

NAME	LAST NAME	FIRST NAME		
HOME ADDRESS	APT. #	CITY	STATE	ZIP
EMPLOYER	TITLE/OCCUPATION			
WORK ADDRESS	FLOOR #	CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE			
HOME E-MAIL ADDRESS	BUSINESS PHONE			
BUSINESS E-MAIL ADDRESS	NOTES			

PARENT/GUARDIAN #2 INFORMATION

NAME	LAST NAME	FIRST NAME		
HOME ADDRESS	APT. #	CITY	STATE	ZIP
EMPLOYER	TITLE/OCCUPATION			
WORK ADDRESS	FLOOR #	CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE			
HOME E-MAIL ADDRESS	BUSINESS PHONE			
BUSINESS E-MAIL ADDRESS	NOTES			

If your child resides in two locations, please list both addresses and phone numbers and note when the child is usually at each location. If both parents work outside of the home, please list both addresses and phone numbers.

PERSON(S) TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED

NAME	PHONE NUMBER	RELATIONSHIP TO YOU
NAME	PHONE NUMBER	RELATIONSHIP TO YOU

ADDITIONAL INFORMATION

NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD I understand that my child will not be released to anyone who is not on this list. If there are any changes I understand that I must inform the School in writing or e-mail so that this information can be updated.

NAME	RELATIONSHIP	CELL #
NAME	RELATIONSHIP	CELL #
NAME	RELATIONSHIP	CELL #

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR FOOD RESTRICTION AND INCLUDE TREATMENT METHOD: _____

PLEASE MENTION ANY SPECIAL NEEDS OR CIRCUMSTANCES OF YOUR CHILD THAT YOU FEEL HIS OR HER TEACHER SHOULD KNOW:

CONSENT FOR NEIGHBORHOOD WALKS

From time to time we will take a walk or trip in the neighborhood. We do not do this until the children are settled in. Please sign indicating that you give permission for your child to participate in a neighborhood walk.

CHILD'S NAME PLEASE PRINT

YOUR NAME **DATE**

- I give consent.
- I do not give consent.

CONSENT FOR MEDICAL TREATMENT

I do hereby give authority to the Third Street Music School Settlement staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

CHILD'S NAME PLEASE PRINT

YOUR NAME

RELATIONSHIP TO CHILD

YOUR SIGNATURE **DATE**