

DEMETRIUS ANTION POSEY

School of Music Engineering



The Legacy Leads to Progress

Student Registration

DAP ME

President, Josean Posey

The Demetrius Antion Posey School of Music Engineering
333 Centinela Ave
Inglewood, CA 90302

Phone: (310) 671-2887
www.dapme.org

STUDENT REGISTRATION FORM

Please print clearly

STUDENT INFORMATION:

TODAY'S DATE: _____

Student's First Name _____

Last Name _____

Nickname _____ Sex _____

Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Student's Home Phone # () _____ E-mail _____

PERSON TO CALL FIRST: Mom _____ Dad _____ Other _____

PARENT OR GUARDIAN INFORMATION:

Father's First Name _____

Last Name _____

Father's Home Address _____

City _____ State _____ Zip Code _____

Father's Employer _____ City _____

Home Phone # () _____ Work Phone # () _____

Cell Phone # () _____ Pager # () _____

E-Mail _____

Mother's First Name _____

Last Name _____

Mother's Home Address _____

City _____ State _____ Zip Code _____

Mother's Employer _____ City _____

Home Phone # () _____ Work Phone # () _____

Cell Phone # () _____ Pager # () _____

E-Mail _____

FAMILY INFORMATION:

Brother(s) and/or Sister(s) (please indicate name and ages)

_____ Age _____

_____ Age _____

Please list other people living with the child and their relationship:

_____ Relationship _____

_____ Relationship _____

PEOPLE AUTHORIZED TO PICK UP STUDENT:

1. _____ Relationship _____

Home Phone # () _____ Work Phone # () _____

2. _____ Relationship _____

Home Phone # () _____ Work Phone # () _____

3. _____ Relationship _____

Home Phone # () _____ Work Phone # () _____

***PEOPLE WHO MAY NOT PICK UP YOUR STUDENT:**

(Documentation required in custody cases)

_____ Relationship _____

_____ Relationship _____

PERSON RESPONSIBLE FOR TUITION:

Full Legal Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Driver's License # _____ State _____ Expiration Date _____

How did you hear about DAP ME? _____

MEDIA RELEASE:

In compliance with DAP ME I agree to allow my child's picture, music and/or video footage to be used in advertising and promotional media (inc. website) for DAP ME.

Signature _____ **Date** _____

PARENT DIRECTORY

In compliance with State Licensing requirements, we have a parent directory to enable you and your children to contact others within our program. Do you wish to be included in our parent directory?

_____ I DO NOT wish to participate at this time

_____ I DO wish to participate

Please print information, as you want it to appear

Student's Name _____

Parent's Name _____

Address _____

City _____ Zip Code _____

Phone # () _____

Authorization for the Treatment of a Minor

I (we), Undersigned Parent(s), Legal Guardian, of _____, a minor, DO HEREBY AUTHORIZE THE DEMETRIUS ANTION POSEY SCHOOL OF MUSIC ENGINEERING AND IT'S EMPLOYEES, VOLUNTEERS, AND RESPRESENTATIVES, TO CONSENT TO ANY AND ALL MEDICAL TREATAMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN, DENTIST, OR MEDICAL EMERGENCY PERSONNEL. It is understood that I, the Parent / Guardian, will assume all financial responsibility for the costs incurred for treatment or hospital care. Section 35330 of the California Education Code States in part: "All persons making the trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the trip or excursion"

Print your name _____ Date _____

Parent/Legal Guardian Signature _____
Circle: Mother Father Guardian

Child's Name _____ Date of Birth _____

Allergies _____

Date of last Tetanus Shot _____

Medications taken daily _____ Dose _____

Reason _____

Physician _____ Phone # () _____

Insurer & Policy # _____

First Aid

In the event of an emergency, I authorize The Demetrius Antion Posey School Of Music Engineering staff to provide any aid care deemed necessary for my child.

Parent / Guardian Signature _____ Date _____

Field Trip Permission Slip

I give The Demetrius Antion Posey School Of Music Engineering permission to transport my child, _____, to and from their school. In addition I give permission for my child to participate and be transported to and from field trips planned by The Demetrius Antion Posey School of Music Engineering.

My Child currently attends _____ Dismissal time _____

Parent/Guardian Signature _____ Date _____

**The Demetrius Antion Posey School Of Music Engineering
Yearly Field Trip Permission Slip & Waiver**

(Please Print)

Student's Name: _____

Address: _____

Phone #: _____ Sex: _____ Date Of Birth ____/____/____

I, _____, The undersigned hereby permit my child to participate and attend any and all field trips with DAP ME. I understand that I will be notified of all upcoming field trips. Should it be necessary for my child to have medical care while participating in this program, I hereby give DAP ME's personnel/representative permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by DAP ME's personnel/representative to render medical care deemed necessary and appropriate by the physician. I understand that DAP ME has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility. I hereby release DAP ME's personnel/representative of any and all liability in the event of an accident, illness, or etc, while my child is participating in this 10 Week Course. I also recognize that I will be contacted immediately.

Parent/Guardian Signature: _____ Date: _____

The Demetrius Antion Posey School Of Music Engineering

Financial Contract

(Read Carefully)

I agree to pay \$ _____ weekly. I understand tuition is due every week, regardless of absences due to vacations or illness. My Child will attend _____ days a week.

(Please circle the days they will attend)

Monday Tuesday Wednesday Thursday Friday -Varies Weekly

I agree to:

- Give two weeks notice, in writing and in advance, when withdrawing from the program
- Give two weeks notice, in advance, in order to make changes regarding my enrollment
- Pay my tuition by Friday of every week
- Pay for every week I have signed up for during summer break even if my child does not attend

I understand:

- There is a \$10.00 late charge, per week for tuition paid after Friday
- Tuition is due every week throughout the school term, regardless of attendance
- There are no refunds
- Rates are subject to change with written notice
- That tuition rates will increase to full time rates during Summer, Winter, and Spring Breaks
- That I am obligated to pay for any Summer Camp or Off Track weeks I sign up for, regardless of attendance

I have read and understand the above tuition policies, as well as the complete policies in the DAP ME Parent Handbook.

Parent/Guardian

Signature _____ **Date** _____

**The Demetrius Antion Posey School of Music Engineering
Acknowledgement of Rights and Policies**

Please initial each statement below and sign at the bottom

I acknowledge that, as the Parent(s) / Guardian(s) of _____

_____ I have completed this registration packet accurately and honestly.

_____ I have received a copy of the DAP ME Parent Handbook and agree to comply with all its policies.

_____ I understand that failure to comply with any of the policies stated within DAP ME Parent Handbook may result in termination from the program without notice.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Student's Starting Date: _____

Office Use Only

Registration Fee \$ _____ Ck. # _____ Date: _____

Student will start on (Day & Date): _____

Student will withdraw from the program on (Day & Date): _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

DAP ME's
 Identification and Emergency Information

Mom's Cell _____
 Dad's Cell _____

Student's Name: Last:	First:	Middle:	Sex:	Telephone:
Home Address: Street	City	Zip	Birthdate	
Father's Name: Last:	First:	Middle:	Driver's License	Business Phone
Home Address: Street	City	Zip	Home Phone	
Mother's Name: Last:	First:	Middle:	Driver's License	Business Phone
Home Address: Street	City	Zip	Home Phone	
Person Responsible For Student:				Student Lives With?

Additional Persons Who May Be Called In Emergency

Name:	Address	Telephone:	Relationship

Physician Or Dentist To Be Called In Emergency

Physician	Address	Telephone	Insurance#
Dentist	Address	Telephone	Insurance#

If Physician Cannot Be Reached, What Action Should Be Taken?

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Signature Of Parent Or Guardian	Date:

TO BE FILLED OUT BY DIRECTOR OR ADMINISTRATOR

Date Of Admission	Date Left

The Demetrius Antion Posey School Of Music Engineering

DAP ME

10-Week Music Workshop

Participation & Field Trip/Waiver Form

Student's Name: _____
(Please Print)

Address: _____ City: _____ Zip: _____

Phone: _____ Sex: _____ Date Of Birth: _____ / _____ / _____

Emergency Contact Person

Name/Relation: _____ / _____ Phone: _____

Name/Relation: _____ / _____ Phone: _____

Health Information

Physical Impairment: _____

Allergies: _____

Medication Presently Taking & Dosage: _____

Doctor's Name: _____ Phone: _____

Insurance: _____ Policy # _____

I, _____, the undersigned hereby permit my child to participate and attend DAP ME's 10 Week Music Workshop held at 333 Centinela Avenue Inglewood, CA. In addition I give DAP ME's personnel/representative permission to transport my child by car, van, or bus while he/she is in the 10-week program. Should it be necessary for my child to have medical care while participating in this program, I hereby give DAP ME's personnel/representative permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by DAP ME's personnel/representative to render medical care deemed necessary and appropriate by the physician. I understand that DAP ME has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility. I hereby release DAP ME's personnel/representative of any and all liability in the event of an accident, illness, or etc, while my child is participating in this 10 Week Course. I also recognize that I will be contacted immediately.

PLEASE CHECK HERE IF INSTRUCTION FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE AT DAP ME.

Parents, Please Note:

Section 35330 of the California Education Code States in part:

"All persons making the trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the trip or excursion"

I agree to direct my child to cooperate with directions and instructions of DAP ME's personnel in charge of the activity.

I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Parent/Guardian's Signature: _____ Date: _____ / _____ / _____

Release From Liability

LIABILITY RELEASE, AGREEMENT NOT TO SUE AND INDEMNIFY

- I. In consideration of the use of the facilities and services (hereinafter referred to as Facility) provided to the undersigned (hereinafter referred to as "Student") by The Demetrius Antion Posey School Of Music Engineering (DAP ME). The Student forever release liability for themselves, their heirs and legal representatives to DAP ME and all its past, present and future subsidiaries, franchises, affiliates officers, directors, employees, agents, and their respective heirs and legal representatives hereinafter collectively referred to as DAP ME from, and agree not to sue DAP ME in connection with, any and all personal property loss, claims, demands, rights and causes action of whatever kind or nature with regard to personal property damage personal injury to or the death of "Student" arising out of use of the "Facility" in any and all instances in perpetuity.
- II. The Student forever release liability for themselves and for their heirs and legal representatives agree indemnify DAP ME against and to save it harmless from all damages, action, cam of action, claims judgments executions, debts, cost of litigation and attorneys fees, which may in any way arise out of or result from the use of the "facility", vehicles and any other property associated with DAP ME.
- III. The "Student" agrees to abide by all regulations and rules established by DAP ME regarding the use of its "Facility"
- IV. I hereby certify and represent that I have read the foregoing, fully understand the meaning, effect thereof and intending to be legally bound.

Parent/Guardian _____

DATE _____

Student's _____

DATE _____

DAP ME's Officer _____

DATE _____



DAP ME's Household Information

List all people who are members of your family who are dependent on the family income, including an unborn student.

Last	Name First	Date of Birth	S.S. #	Sex

Employment Income

List all income received by people living in your household (related and unrelated) who live off of the income you are reporting. Proof of this income is required. Your federal income tax return form(s) is preferred. Recent paycheck stubs, indicating one month's income, may be used if income has changed since the most recent income tax form(s).

Name of Household Member	Employer/Name of Business	Self Employed Yes or No	Income Amount: Gross For wage earner/Net for self employed	Circle how often income is received
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr
			G\$ N\$	Wk Bi-Wk Mo 2x/Mo Yr

Other Income

Enter all information that applies to your household.

Type of Income	Amount Received	Circle how often income is received
BIA General Assistance	\$	Wk Bi-Wk Mo 2x/Mo Yr
Capital Gains	\$	Wk Bi-Wk Mo 2x/Mo Yr
Student Support/Alimony	\$	Wk Bi-Wk Mo 2x/Mo Yr
Interest	\$	Wk Bi-Wk Mo 2x/Mo Yr
Lump Sum Payment	\$	Wk Bi-Wk Mo 2x/Mo Yr
Military	\$	Wk Bi-Wk Mo 2x/Mo Yr
Pension	\$	Wk Bi-Wk Mo 2x/Mo Yr
Social Security	\$	Wk Bi-Wk Mo 2x/Mo Yr
Supplemental Security Income (SSI)	\$	Wk Bi-Wk Mo 2x/Mo Yr
TANF	\$	Wk Bi-Wk Mo 2x/Mo Yr
Other: (What?)	\$	Wk Bi-Wk Mo 2x/Mo Yr