Soundscapes™

Changing how the future sounds!

A New FREE After-school Program Open to Your 1st Grader!

Your child will:

SING AND PLAY A
MUSICAL INSTRUMENT!

RECEIVE EXTRA HELP IN
READING, WRITING, MATH AND OTHER SUBJECTS!

INCREASE THEIR LEADERSHIP, SELF-DISCIPLINE AND SELF-ESTEEM!

The Program Begins Monday October 5th at Carver Elementary School

Monday 3pm – 4:45pm
Tuesday 3pm – 4:45pm
Wednesday 12:30pm – 2:15pm
Thursday 2pm – 3:45pm
Friday – No Program

Free Bus Transportation Available

For questions about the program visit:
www.soundscapeshr.org or call **(757) 273-6178**

Please fill out the attached sheet and return to classroom teacher by Thursday September 24th!

Soundscapes Registration Form

Child's Name: _____ ☐ Male ☐ Female
Address: _____
City: _____ Zip: _____ Child's Date of Birth: _____
Home Phone: _____ Teacher: _____ ID# _____

My child will:
☐ Be picked up from school ☐ Ride home on the school bus to regular bus stop.
☐ Ride on the school bus to daycare I have arranged by completing the daycare request in the Carver Elementary School office. **(Must be filled out each school year)**
Daycare Name _____

If riding the bus, my child's bus stop is: (Please ensure that someone will be there to meet your child.) _____

Does your child have any allergies, health problems, or religious observances that we should know about? _____

Parent/Guardian #1: _____ Daytime Phone: _____
Place of Employment: _____ Days & Hours: _____
Work Address: _____
Home Address if different from child's: _____
Mobile #: _____ Email: _____

Parent/Guardian #2: _____ Daytime Phone: _____
Place of Employment: _____ Days & Hours: _____
Work Address: _____
Home Address if different from child's: _____
Mobile #: _____ Email: _____

Emergency Contacts:
Persons authorized to pick up child (other than parent) OR to contact in case of emergency: (These numbers cannot be the same as those listed above)

1. Name: _____ Relationship to child: _____ Phone: _____
2. Name: _____ Relationship to child: _____ Phone: _____
3. Name: _____ Relationship to child: _____ Phone: _____

✕ Signed (parent or guardian) _____ Date: _____

<u>Photo and Video Release:</u>
I give permission and consent for the above named child to be photographed or video recorded during program activities. I further give permission and consent that any such photographs or video recordings may be published via any media medium and used by Soundscapes and its agents, to illustrate and promote the program experience. I reserve the right to revoke or limit this permission by submitting a request in writing.
☐ Do not use this media on the Internet

✕ Signed (parent or guardian) _____ Date: _____