



# NEW CALIFORNIA CONSERVATORY

## PREPARATORY SCHOOL STUDENT REGISTRATION FORM

7342 Orangethorpe Ave., Suite C-101 Buena Park, CA 90621 Tel: 714-522-6789 / Fax: 714-522-6742

New Student :  Returning Student:

### STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle initial Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Female:  Male:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
First Middle initial Last

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Waiver: \_\_\_\_\_ has my permission to participate in New California Conservatory. I understand there are risks and that I/my child participate in this program at my/her own risk and that NCC will not be responsible for any medical expenses incurred as a result of I/my child's participation in this class.

I understand and accept the policies of the Preparatory Department as stated in this booklet and accept responsibility for charges and fees incurred. I will allow the Prep. Department to use photographs, video and recordings made at NCC or at Prep. Department involving the student hereby enrolled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_