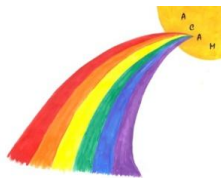


Angelica Center for Art and Music

1345 South Burlington Avenue
Los Angeles, CA 90006
Ph: 213.382.6378 FAX 213.383.0523



Enrollment Application

For office use (please use PENCIL ONLY)
Phone: LM A NA Date _____ Orientation
YES NO
Notes _____

Today's Date _____

Classes the child wishes take: (Circle below)

Ballet **Drums/Percussion** **Guitar** **Musicianship** **Recorder** **Singing** **Theatre**

Students interested in learning an instrument need to take the Musicianship class.

Student's Name _____ Age _____ Female Male

Parent Name(s) _____

Street Address _____ Apt. _____

City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ e-mail _____

Name of School student is currently attending _____

Student's Date of Birth _____ Grade in school _____

Daily transportation for your child to ACAM will be _____

Does your child have special circumstances or needs of which we should be aware? Yes No

If Yes, please describe _____

How did you learn about ACAM? _____

I have looked at the schedule and agree to see that my child attends the class(es) each week.

I understand that if student misses more than 2 classes they may be dropped from the program.

Signature of Parent or Guardian

ACAM DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, RELIGION, NATIONAL ORIGIN, OR ETHNICITY IN STUDENT ADMISSIONS OR IN ANY PROGRAMS IT ADMINISTERS.

For office use (please use PENCIL ONLY)
Phone: LM A NA Date _____ Orientation
YES NO
Notes _____

