

# THE TAYLOR SCHOOL

CAROLYN ADAMS – DIRECTOR OF EDUCATION

## TAYLOR SCHOOL REGISTRATION FORM 2024-2025 Fall/Spring Semester

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Pronouns** \_\_\_\_\_ **Student Email Address (If applicable):** \_\_\_\_\_

**Parent/Guardian: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Secondary Email/Phone:** \_\_\_\_\_

**Dismissal:** I give my child permission to self-dismiss from the Taylor Studios\* (please circle) **YES** **NO**

*\*Note: regardless of dismissal permission, students under the age of 12 must be accompanied by an adult/sibling over 12 when waiting at the studios prior to their class.*

**Today's Date:** \_\_\_\_\_

**Emergency Contact (other than name listed above):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Statement of Consent:**

In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_, hereby grant permission for any and all medical attention to be administered to my child/children in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of medical treatments and/or procedures deemed necessary under the recommendation of qualified personnel. I will assume all responsibility for payment(s) of medical treatment. PTDC will not be responsible for any medical costs.

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

(See next page to list any allergies/medications we should know about)

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## Allergies, Medications, and Additional Information

For student: \_\_\_\_\_

List all known medical conditions including food allergies and/or other drug allergies you would like us to be aware of	List all of the over-the-counter and prescription drugs taken regularly that you think we should be aware of

Is there anything else about your child you would like us to be aware of?

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**Please return to:**  
551 Grand Street  
New York, NY 10002  
646 214-5826  
taylorschool@ptdc.org