



SOPHIA'S HEART Music & Arts Program

APPLICANT INFORMATION

Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP Code:
Ethnicity: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> _____		

PARENT GUARDIAN INFORMATION

Parent/Guardian Name:		Relationship:
Address:		
Phone:	Cell phone #:	Email:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

MEDICAL INFORMATION

Allergies:		
Medical Conditions (If applicable):		
Current Medications:		
Medical Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Group/Policy Number:	
Insurance Company Name:		
Primary Care Physician's Name:		Phone:
Address:		
City:	State:	Zip:
Other Concerns (Please explain):		



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PERSONS AUTHORIZED FOR PICK UP

To ensure the safety of your child all persons authorized by the Parent/Guardian to pick up a child from Sophia's Heart Music & Arts Program must present a valid ID at the time of pick up. A copy of the ID will also need to be kept on file.

Name:	Phone:
Name:	Phone:
Name:	Phone:

PROGRAMS APPLYING FOR (LIST 1 AS FIRST CHOICE 2 AS SECOND CHOICE AND 3 AS THIRD CHOICE)

Sophia's Heart Hip Hop Dance Program: <input type="checkbox"/>	Sophia's Heart Modern Cultural Community Choir: <input type="checkbox"/>
Sophia's Heart Audio Visual Program: <input type="checkbox"/>	Sophia's Heart Video Arts Program: <input type="checkbox"/>

Will you be able to pick your child up from the location? **YES** **NO** If no, limited transportation may be provided for drop off. A Sophia's Heart staff member will further discuss transportation details with you.

RECOMMENDERS

Name	Relationship/Title	Phone

PREVIOUS MUSIC/ARTS SCHOOLS (IF APPLICABLE)

Name:	Name:
Name:	Name:

List any other music/ arts classes taken:

Before turning in and signing the bottom of the application, please make sure you have all other information attached: such as your Recommendation letters, Statement from Applicant stating your artistic goals & reasons for applying for the program, and your portfolio (if applicable). There will also be an audition process that you will take part in, in which we will schedule a date and time for that portion of the application process. Once you submit the completed application, your forms will be processed and you will be contacted by one of our Music and Arts Program staff. If you have any questions regarding the status of your application, you may call (800) 595-6269 or email us at info@sophiasheart.org

HOW TO SUBMIT THE APPLICATION: After completing your application you may submit it one of the following ways:

1. **By Mail:** P.O. Box 8127, Hermitage, TN 37076
2. **Drop off in person:** 5380 Hickory Hollow Pkwy, Antioch, TN 37013
3. **By Fax:** (888) 366-1190

I authorize that the information provided on this form is accurate to the best of my knowledge.

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date: