



# Kuungana African Drum and Dance Company

## Registration Form

Flint, Michigan

Thank you for your interest in attending Kuungana African Drum and Dance class.

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

### KUUNGANA PROGRAM SITE

The program will be held at the Historic Masonic Temple, 755 Saginaw Street, Flint, Michigan 48502 (Downtown Flint).

### CONTACT INFORMATION

Mailing Address: PO Box 310108, Flint, MI 48531  
Email: [babacollins14@gmail.com](mailto:babacollins14@gmail.com)  
Phone: 810.394.3880

*IMPORTANT: DO NOT  
SEND any mail to our  
program location.  
Please use our PO Box  
only.*

Classes are:

Monday 6-8PM  
Thursday 6-8PM  
Saturday 10am to 12 Noon

### COMPLETING YOUR APPLICATION

**Include the following:**

Program application

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**and send it to:**

African Drum and Dance Parent Association  
P.O. Box 310108  
Flint, Michigan 48531

**Checks should be made out to:**

African Drum and Dance Parent Association

*The policy and intent of Youth Moves Summer Camp is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.*

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# Kuungana African Drum and Dance Company

## Program Application (Thanks for printing legibly or typing!)

### 1. PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Age: _____
Name you prefer to be called (if different): _____		
Name of School: _____	Grade: _____	
Name of Parent/Guardian/Primary Contact: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email address you check frequently: _____		
Best way to contact you? (circle one) <b>Home Phone</b> <b>Cell Phone</b> <b>Email</b>		
What is the race/ethnicity of you/your camper? * _____ Prefer not to say _____		
*Knowing the demographic makeup of our students/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.		

### 2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### 3. SAFETY INFORMATION (please list all known conditions so we can accommodate your child's needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about?

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Does your child have any behavioral or emotional issues the staff should know about?

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Is your child taking any medications to treat these conditions?

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#### 4. OTHER INFO

Is there anything else you would like us to know?

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**To complete your application; please send these pages, and the \$10 tuition down payment to:**

African Drum and Dance Parent Association  
ATTN: Kuungan African Drum and Dance Class Registration  
PO Box 310108  
Flint, MI 48531

Thank you!



Ba Ba Kevin Collins, Director  
810.394.3880  
[babacollins14@gmail.com](mailto:babacollins14@gmail.com)

From time to time, photographs or videos of your children are taken here at class or at performances/events. There is the possibility that the photos would appear on our FaceBook Page, web page, in a local newspaper, or local news station. We are asking you to sign the permission slip.

**I give permission for my child, \_\_\_\_\_,**

to be photographed during class activities or performances/events for the purpose of public relations for our group.

Signed \_\_\_\_\_

or **I do not give permission for my child, \_\_\_\_\_,**

to be photographed during class activities for the purpose of public relations for our group.

Signed \_\_\_\_\_

I verify that all the information I have provided in this document is true to the best of my knowledge.

X \_\_\_\_\_  
Your signature Date

