

Caffeine[®]

A C A D E M Y

DJ | MUSIC | VIDEO | PRODUCTION | EDUCATION

CAFFEINE ACADEMY 1015 SUNRISE HIGHWAY, WEST BABYLON, NY 11704 (631) 321-8800

CAFFEINE ACADEMY 58 MAIN STREET, MILLERTON, NY 12546 (631) 321-8800

SELECT
LOCATION

STUDENT LEGAL NAME

DOB

AGE

--	--	--

STREET ADDRESS

CITY

ZIP

STATE

--	--	--	--

PARENT / GUARDIAN NAME(S)

--

PHONE

EMAIL (THIS IS USED FOR BILLING PURPOSES. PLEASE GIVE AN EMAIL ADDRESS THAT IS CHECKED OFTEN)

--	--

FISCAL INTERMEDIARY

CONTACT PERSON

--	--

PHONE

EMAIL

--	--

BROKER NAME

--

PHONE

EMAIL

--	--

WHICH CLASSES ARE YOU MOST INTERESTED IN: **CHECK ALL THAT APPLY**

DJ / MUSIC & VIDEO COMBO

MEDIA / VIDEO

MUSIC PRODUCTION

DJ CLASSES

DO YOU HAVE ANY EXPERIENCE

--

HOW DID YOU HEAR ABOUT US?

SOCIAL MEDIA

BROKER

WEBSITE

OTHER

--

WHAT IF ANY IS THE DEVELOPMENTAL DISORDER THAT THE STUDENT IS DIAGNOSED WITH?

--

DOES THIS STUDENT NEED A STAFF MEMBER WITH THEM DURING CLASSES? **YES OR NO**

--



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PSYCHOLOGICAL / BEHAVIORAL INFORMATION

ARE THERE ANY PSYCHOLOGICAL DIAGNOSES WE NEED TO BE AWARE OF?

ARE THERE ANY BEHAVIORAL CONCERNS WE NEED TO BE AWARE OF?

HAS THIS STUDENT ENGAGED IN ANY AGGRESSIVE BEHAVIORS (I.E. PHYSICAL AGGRESSION, PROPERTY DESTRUCTION) WITHIN THE LAST 12 MONTHS? **YES OR NO**

IF YES PLEASE EXPLAIN

HAS THIS STUDENT SUFFERED FROM ANXIETY OR PANIC ATTACKS WITHIN THE LAST 12 MONTHS? **YES OR NO**

IF YES, WHEN DID IT OCCUR AND WHAT CAUSED IT?

WHAT ARE THE WARNING SIGNS PRIOR TO AN ANXIETY OR PANIC ATTACK?

WHAT WORKS BEST FOR THIS STUDENT WHEN AN ANXIETY OR PANIC ATTACK OCCURS?

DOES THIS STUDENT NEED BREAKS? **YES OR NO**

AFTER HOW MANY MINUTES OF FOCUSING?



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ARE THERE ANY SPECIAL RESPONSES WE SHOULD HAVE WHEN WE PROVIDE FEEDBACK TO THE STUDENT?

[Empty text box]

WHAT MOTIVATES THIS STUDENT TO PERFORM WELL?

[Empty text box]

MEDICAL INFORMATION

ARE THERE ANY MEDICAL DIAGNOSES WE NEED TO BE AWARE OF?

[Empty text box]

ARE THERE ANY ALLERGIES WE NEED TO BE AWARE OF?

[Empty text box]

DOES THIS STUDENT HAVE A HISTORY OF SEIZURES? **YES OR NO**

[Empty text box]

IF YES WHAT TYPE OF SEIZURE?

[Empty text box]

WHEN DID THE LAST SEIZURE OCCUR?

WHAT CAN CAUSE THESE SEIZURES?

[Empty text boxes]

WHAT ARE THE WARNING SIGNS PRIOR TO A SEIZURE?

[Empty text box]

ARE THERE ANY OTHER MEDICAL ISSUES WE SHOULD BE AWARE OF?

[Empty text box]

[Empty text box]

*WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE FOR ANY REASON



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VIDEO / PHOTOGRAPHY RELEASE FORM

I hereby grant Caffeine Academy the irrevocable right and permission to *use* photographs and/or video recordings of me on Caffeine Academy and other social media and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product.

I hereby release, acquit and forever discharge Caffeine Academy and employees of the above-named from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name, or, *if* I am less than eighteen years old or cannot contract in my own name, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

SIGNATURE OF INDIVIDUAL PHOTOGRAPHED / RECORDED

DATE

--	--

PRINTED NAME OF INDIVIDUAL PHOTOGRAPHED / RECORDED

--

SIGNATURE OF WITNESS

DATE

--	--

If individual photographed/recorded is under eighteen (18) years old or cannot contract in their own name, the following section must be completed: I have read, and I understand this document. I understand and agree that it is binding on me, my child or adult (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child or adult named above.

SIGNATURE OF PARENT / GUARDIAN OF INDIVIDUAL PHOTOGRAPHED / RECORDED **DATE**

--	--

PRINTED NAME OF PARENT / GUARDIAN

--

SIGNATURE OF WITNESS

DATE

--	--



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Rescheduling Policy

Hello Everyone!

Due to our increasing enrollment and our commitment to providing quality services for everyone, we must implement a new RESCHEDULING policy.

We understand the reality that life gets busy and situations happen. However, this policy is to ensure that all of our students have fair and equal access to our classes and resources.

See policy below:

- 1. A minimum of 24 hours notice is required for all cancellations.
2. All cancellations must be made up within 10 days of the original class date.
3. If you miss class TWICE in a month without rescheduling, your weekly class time may be forfeited and given to someone on our waiting list.

Ways You Can Reschedule:

- 1. Schedule a Private Class for Another Day & Time (times will be offered to you after notice of cancellation.)
2. Schedule a Virtual Private Class via Zoom (If Zoom classes are approved by your F.I.)
3. Attend a Group Class or Group Class Event.

Please let us know of other days and times your child is available for a makeup class if you cancel class.

Caffeine Academy will be closed the following days in 2026:

Table with 3 columns and 3 rows listing holiday closures: January 1st - New Year's Day, May 25th - Memorial Day, July 4th - Independence Day, September 7th - Labor Day, November 26th - Thanksgiving, December 24th - Christmas Eve (Closing at 3PM), December 25th - Christmas Day, December 31st - New Year's Eve (closing at 3PM)

Thank you all for being a part of the Caffeine Academy Family!

By signing below, I confirm that I have read, understood, and agree to the terms of the Rescheduling Policy.

Signature

Date