

# Collins Artworks

## Art Education Center Student Registration

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

Learning problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other adults allowed to pick up your child (ID will be required):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of friend(s) or relative(s) in the area who may be notified if unable to locate parent(s). If a child becomes sick while at the center, the child MUST be picked up and taken home, if not picked up by you then by someone else. No exceptions.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I will notify the center if there is a change in the above arrangements. In case of an emergency, I understand the center will try to contact the parent. In the event the parent cannot be reached, permission is given to the school to take my child to an emergency hospital for treatment by ambulance if necessary.

I grant permission to the Art Center to take photographs of my child for the sole purposes of advertising, scrapbooking, and/or inclusion in local newspaper articles: Yes \_\_\_ No: \_\_\_ Signature \_\_\_\_\_

Signing up for: PM (3 PM – 5 PM) \_\_\_; M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sa (10 AM to Noon) \_\_\_

Birthday Parties: \_\_\_ School vacation: \_\_\_\_\_ Summer Camp Week(s) \_\_\_\_\_ AM \_\_\_ All day \_\_\_

I grant permission to the Art Center to transport my child from school to the Art Center: Yes \_\_\_ No: \_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_