



PARTICIPANT INFORMATION

Name _____ Birth Date _____ Last Grade Completed _____

Home Address _____

Mother/Guardian #1 Name _____ Best Phone #: _____

Father/Guardian #2 Name _____ Best Phone #: _____

PERMISSION TO PICK UP

Who will be the primary person to transport the participant to and from the Art Class?

Name _____ Phone: _____

Relationship to the Participant: _____

Please list any other people who have permission to pick up and transport your child below.

Name _____ Phone: _____

Name _____ Phone: _____

EMERGENCY CONTACT

In the event of an emergency and the parent/guard(s) cannot be reached, please contact:

Name _____ Phone: _____

Relationship to the Participant: _____

Name _____ Phone: _____

Relationship to the Participant: _____

ANYTHING ELSE WE NEED TO KNOW?

OFFICE USE ONLY

Payment Date: _____

Check #: _____

Cash _____

CC _____