

EARLY ARTS INFORMATION SHEET SUMMER REGISTRATION 2012

FEE _____

CK # _____

\$50 Registration Fee

PLEASE PRINT

Child's Name _____

Child's Birthday _____ Age _____ Gender: M / F

Parent's Names _____

Address _____

Home Phone _____ City _____ Zip _____

Class Days Preferred (Please Circle) Rising 3 year olds: M/W or T/TH (*must be potty-trained*)
Rising 4K: M/W or T/TH
Rising 5K: M/W or T/TH

SESSION 1 June 4 – June 28, 2012 - \$200 Balance due by May 1st

July 9 – August 2, 2012 - \$200 Balance due by May 1st

Hours: 9am – 1pm

IMPORTANT CONTACT NUMBERS

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Other Phone numbers _____

Child's Physician _____ Phone Number _____

EMERGENCY CONTACTS

Persons to contact if parents cannot be reached in event of illness or injury:

1. Name _____ Relation _____ Phone _____

2. Name _____ Relation _____ Phone _____

Authorization to Release Child

Early Arts Preschool personnel are authorized by my signature below to release my child,
_____ to the following persons:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Parent's Signature _____ Date _____

MEDICAL \ ALLERGIC CONDITIONS

Child's Medical \ Allergic Condition: _____

Child's Physical Reaction \ Response: _____

Treatment for Condition: _____

Medical Authorization

Early Arts Preschool personnel are authorized by my signature below to seek medical assistance\ treatment if I am unable to be contacted in case of an emergency involving my child, _____ including transporting my child to Children's Hospital either by ambulance\ emergency vehicle or personal vehicle.

Parent's Signature _____ Date _____



DON'T FORGET YOUR BLUE FORM