

Oak Street Studios - Fall Trimester 2010

Registration & Emergency Form

Class:

Day of Week:

Student's Name: _____ Phone: _____

Date of Birth: _____ Age: _____

Student's Address: _____ Email: _____

Parent's Name _____ Work: _____

Home: _____

Cell: _____

Other Parent's Name: _____ Work: _____

Home: _____

Cell: _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Please list any physical limitations / restrictions, allergies, medical conditions to be aware of, or medicine taken by your child: _____

I hereby give permission for my child / children to participate in Oak Street Studios Art Programs and Field Trips.

I give permission to use my child's / children's photo in promotional material.

In case of accident I grant permission for my child / children to receive medical treatment, if needed, and authorize the attending physician to administer any necessary medical attention.

Parent / Guardian Signature

Date: