



# Registration

Please submit a form for each child, and please print information.

Date \_\_\_\_\_

## Child's Information

Name \_\_\_\_\_ Preferred name \_\_\_\_\_  
*First Middle Last*

Date of Birth \_\_\_\_\_ (MM/DD/YYYY)

## Escola de Artes Class

Please select a class for your child. A minimum of 4 sessions is required.

- 3 - 4 year olds / Art Exploration *Tuesdays, 3 - 4 pm*
- 4 - 5 year olds / Art Mediums & Techniques *Wednesdays, 3 - 4 pm*
- 2 - 3 year olds / Sensory Art Play *Classes will begin when we have a minimum of 6 children.*

## Parent/Guardian Information

Please provide information for the parent(s)/legal guardian(s) the child lives with.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Emergency Contact Information

Please provide the name of a person not living in the child's home.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Child's Physician

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

## Allergy Information

- My child does not have allergies.
- My child has allergies. *Please list and briefly describe all your child's allergies on the line below.*

## Photo/Video Permission

Yes  No

I give permission for photos/videos of my child to be used in promoting Girassol's childcare services in print materials, on its website, or on its Facebook page.

## Acknowledgement

By signing below, I/we grant permission for the child named above to participate in all activities connected with this Girassol Escola de Artes program/class. I/we further agree to abide by all policies that are applicable to this program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_