

Vinings School of Art Registration Form -- CHILD'S INFORMATION

Child's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ M / F

School attended during the day: \_\_\_\_\_

Other Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ M / F

School attended during the day: \_\_\_\_\_

Is a sibling *already* registered here? Y / N If yes, sibling name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Full Name: \_\_\_\_\_ Address same as child:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Address same as child:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian with legal custody (if different from above): \_\_\_\_\_

**PICK-UP AND EMERGENCY CONTACTS OTHER THAN PARENTS**

I authorize the following individuals to pick-up my child, and serve as an emergency contact (18 or over):

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please note that the sign-in /drop off time is no more than ten minutes before the start of a class. Children must be picked up at the end of the class or a late pick-up fee of \$10 applies. Pick-up is any time during the last 3 minutes of the class until the end of the class.

If you are attending a single session on a drop in basis please check this box

**CAMP Enrollment**

For school holiday camps, please indicate which camp you are enrolling in

CAMP NAME: \_\_\_\_\_ CAMP TIME: \_\_\_\_\_ CAMP DATES: \_\_\_\_\_

Continued on the back side of this page...

Child's Name: \_\_\_\_\_

**1 hour Class Enrollment**

Fine Arts Class---Day of the week or dates \_\_\_\_\_ Circle: 1 or 2 hr. Class

Language Arts/Spanish or French Class---Day of the week or dates \_\_\_\_\_

Dramatic Arts/Acting for Kids---Day of the week or dates \_\_\_\_\_

Music Theory and Learning to Play Piano---Day of the week or dates \_\_\_\_\_

(please use Adult Registration Form for Adult Fine Arts or Adult Spanish evening classes)

**ALLERGIES** Please list any know allergies to food or non-food items: \_\_\_\_\_

**EMERGENCY RELEASE FORM**

**Consent to Emergency First Aid & Transportation:**

I, \_\_\_\_\_ (parent/guardian), hereby grant my consent for  
\_\_\_\_\_ (child's name), to be given emergency treatment by a staff member at the Vinings School of Art.  
I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold the  
Vinings School of Art and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately during a medical emergency,  
I, \_\_\_\_\_ (parent/guardian), hereby grant my consent for  
\_\_\_\_\_ (child's name), to be given emergency medical or surgical  
treatment as prescribed by a treating physician, and hold the Vinings School of Art, and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Our 4 class plans allow for two make-ups for a missed one hour classes in Fine Arts only since we run these 1 hour classes on more than one day per week, and unused make-ups will be forfeited after 30 days. In order to have a make-up session, you must call at least 30 minutes before the class you are scheduled to attend begins to let us know that you will not be coming. You will not receive a make-up class if you forget to come or if you forget to call in 30 minutes before the class starts to request a make-up due to illness, travel, car problems, etc. All fees are payable in advance. . All fees are non-refundable. All classes require sufficient enrolment to convene, and The Vinings School of Art reserves the right to cancel, reschedule, combine classes or change instructors if necessary. I do hereby acknowledge that I understand the class selection, reservation and pricing policies of the Vinings School of Art, and will comply with these policies.

Printed Name \_\_\_\_\_

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