Vinings School of Art- "once in a lifetime" - CHILD'S INFORMATION

Child's Legal Name:	Nick	name:	_Birth Date://
Elementary / Middle / High School Attending: _			
Other Child's Name:	Nic	kname:	Birth Date://
Elementary / Middle / High School Attending:			
Other Child's Name:	Nic	kname:	Birth Date://
Elementary / Middle / High School Attending:			
Student(s) Home Address:			
Address:			
City:			
PARENT/GU	ARDIAN INFO	ORMATION	
Parent's Full Name:	Ado	dress same as cl	nild: 🔲
Cell or Primary Phone:	_ Work Phone:		
Email address:			
Parent's Full Name:	Ao	ddress same as o	child:
Cell or Primary Phone:	_ Work Phone:		
Guardian with custody (if different from above):		Pl	none:
PICK-UP AND EMERGENC	Y CONTACTS	OTHER THA	AN PARENTS
I authorize the following individuals to pick-up r	ny child, and se	ve as an emerge	ency contact (18 or over):
(1) Name:	Cell	or Primary Ph	one:
(2) Name:	Cell	or Primary Ph	one:

Single session drop in students are not entered into the computer system and will need to complete a paper registration form each time they attend. For others, there is a \$10 once in a lifetime registration fee, and then we will enter your child's information into our system so that we can make appointments for your child to attend future classes or camps without filling out a paper registration form each time you attend.

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Camp Enrollment		
		the paper camp flyer and on the web site. There is a fee for early ster than you scheduled pick up time. Camp you are enrolling in:
CAMP NAME:	CAMP TIME:	CAMP DATES:
		ore the start of a one hour class. Children must be picked uring the last 3 minutes of the class until the end of the class.
Fine Arts (Drawin	ng or Painting)class ti	me/day
Piano Lessons—c	lass time/day	
Guitar or Ukulele	Lessons	
ALLERGIES OR MEDI	CAL CONDITIONS:	
Please list any known n	nedical conditions or allergies	, food or non-food items:
EMERGENCY RELEAS	SE FORM and/or EVACUATION	DUE TO FIRE
Consent to Emergency First A	-	
	ild to be transported by car or ambulance t	y grant my consent for cy treatment by a staff member at the Vinings School of Art. o an emergency center for treatment, and agree to hold the
Parent's Signature	Date:	
Consent to Medical Care and 	<u> Freatment:</u>	
I,	tacted immediately during a medical emerge (parent/guardian), here (child's name), to be guting physician, and hold the Vinings School	by grant my consent for iven emergency medical or surgical
Parent's Signature	Date:	
different days of the week, and unused before the class you are scheduled to a	I make-ups will be forfeited after 30 days. In outtend begins to let us know that you will not be	one hour Art Class only since we run many of those classes on order to have a make-up session, you must call at least 30 minutes coming. If you don't show up and do not call we will not make-ups. All fees for classes, camps, or parties are non-
language arts, Dramatic Arts, Music ec reserves the right to cancel, reschedule parents are required to submit a writter of changes to this registration form. The preschool, elementary school, or middle	ducation/Playing Piano). All classes require su e, combine classes or change instructors if neces n update to this registration form, which will be his school does carry liability insurance that cov le school. I do hereby acknowledge that I under	mps for the arts (Fine Arts—drawing, painting, sculptures, Spanish fficient enrollment to convene, and The Vinings School of Art ssary. If any information in this student registration form changes, e kept on file. It is the parents' obligation to inform the front desk vers students and staff, but is not a licensed facility such as a erstand this registration form, the information in the form, and the ee of the Vinings School of Art, and will comply with our policies.
Printed Nama	Signature	Data