Art Class Enrollment Consent Form

| Student Name | | | |
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| | | | |
| Date of Birth | | | |
| | | | |
| | | | |
| Parent/Guardian Name | | | |
| | | | |
| | | | |
| Contact Number | | | |
| | | | |
| | | | |
| Email Address | | | |
| Email Address | | | |
| | | | |
| | | | |
| Home Address | | | |
| | | | |
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| Medical Information (Allergies, conditions, etc.) | | | |
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| Consent Terms | | | |
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| I consent for my child to participate in the art class. | | | |
| | | | |
| Lauthorize emergency medical care if needed | | | |
| I authorize emergency medical care if needed. | | | |
| | | | |
| I allow photos/videos of my child to be used for program purposes. | | | |
| | | | |
| Parent/Guardian Signature | | | |
| | | | |

| Date | |
|------|--|
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