



Registration and Emergency Form

Summer Session(s):

Student's Name

Phone #

Student Birth Date

Age

Student's Address & Zip Code

Email contact:

Parent's Name

Hm Phone
Wk Phone
Cell Phone

Other Parent's Name

Hm Phone
Wk Phone
Cell Phone

Emergency Contact Name & #

Physician Name & #

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

I herby 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 an 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:
