

Art in the Afternoon Information Form

Name of Child _____ Nickname? _____

Child's Birthday _____ - _____ - _____

Grade _____

School _____ teacher _____

Home Address _____

Phone Number at Child's home _____

Parents' Name: _____

Parents' Home Phone Number: _____

Work Number _____

Cell _____

Email address: _____ (address will not be shared or used for any other purpose)

Name of person in charge of picking up child: _____

Phone number of person in charge of picking up child: _____

Will anyone else be allowed to pick up your child? Yes No

If Yes, whom? __ (include names and numbers)

(no one else will be permitted to pick up your child unless listed on this form)

Days you would like your child to attend (please circle)

Mon Tues Wed Thurs Friday

Approximate time child will be picked up on days attending

Mon Tues Wed Thurs Fri

Any allergies? _____

Special diet or any foods your child cannot eat? _____

What type of art does your child like to do? _____

Other interests your child has: _____

Anything else you can tell us about your child to help us meet his or her needs: _____
