

Kids Art Club Sign-up Form 2023-2024

Child's Name:	School Grade
Date of Birth:	
Parent/Guardian:	Parent/Guardian:
Address:	Address:
Phone:	Phone:
Work/Cell:	Work/Cell:
Email:	Email:
Emergency contact: <i>(to whom your child may be released)</i>	
Address:	Phone:
Name of child's physician/medical provider:	Dr. Phone:
Special needs/disabilities:	
Which session are you signing up for? 6th – 12th grade: Mondays 6-7pm (2 nd Mon monthly) 1st – 5th grade: Wednesdays 4:30-5:30 pm (2 nd Wed monthly)	Health insurance provider:

I give permission for _____ (child's name) to participate in NEAC's 2023-24 NEAC Kids Arts Club. I understand that my child may be photographed/video-taped for marketing reasons and/or for securing future grants and give consent for use of his/her image.

In event of an emergency, I give the NEAC staff and volunteers permission to treat and respond to my child's needs including doctor's care and emergency medical facility care. I will assume responsibility for any charges/treatment through insurance or direct payment.

Children need written permission from parent to walk home/leave on their own.

Signed, **X** _____ Date: _____