

Vital Art - Minor Registration Form

Child's Name _____ Gender: M / F Age _____ Date of birth _____

Home Address (Street) _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Home Phone Number _____

Cell Phone Number _____ Work Phone _____

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Name of School child attends: _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ Date of birth _____ suffer an injury or illness while in the care of (Vital Art llc) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary.

I (Guardian) shall assume responsibility for payment for services.

Parent/Guardian: _____ Signature Date: _____

Director received _____ Signature Date: _____