

CAC Children's Art Class

Sign-up Form and Permission Slip

Activity/Class _____
Dates: _____
Time: _____
Place: _____

Student Name: _____
Birth Date: _____ **Age during the class:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number : _____
Parents or legal guardian's Names: _____

During the art classes, parent can be reached at:

Address _____
Telephone _____

In Case of Emergency, please notify:

Name: _____ **Relationship:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Work Phone: _____ **Home Phone:** _____

I give permission for my child, _____, to participate in the Cultural Arts Council of Douglasville/Douglas County. Art Class.

I will bring and pick up my child promptly to the class.

My child has no physical problems, limitations, or allergic reactions, (except those listed below), that the adult leaders (in charge) should be aware of in terms of my child's participation in the activities.

List below any physical limitations, medical needs, and or allergic reactions:

Signature of parent or legal guardian: _____

Date: _____

Payment of class fee(s)

Cash _____

Check _____ (amount) _____ (check number)

Date _____