

# Class, Workshop, and Summer Camp Registration Form

Name: (Last) (First) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

1st Parent/Guardian Name \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact: (Please provide the name of someone NOT listed above - parents/guardians listed above will always be contacted first)

Name, Relationship, Phone #: \_\_\_\_\_

Parent Guardian Consent: the following individuals are authorized to pick up my child at the end of the workshop day:

Name, Relationship, Phone #: \_\_\_\_\_

Name, Relationship, Phone #: \_\_\_\_\_

Name: Relationship, Phone #: \_\_\_\_\_

Allergies? \_\_\_\_\_

Physicians Name, Address, Phone #: \_\_\_\_\_

How did you hear about our workshop? \_\_\_\_\_

Please complete all sections of this registration form. Please take a moment to make sure that all information is accurate. Mail your completed form and a check for the class fee, or \$100 deposit for weeklong art workshops and summer camps, to:

Beth Hird, 700 Gilman, Berkeley, CA, 94710

I HAVE CAREFULLY READ ALL OF THE INFORMATION, POLICES AND PROCEDURES ABOVE AND I AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CHILD.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_