

CHILD REGISTRATION & CONSENT FORM**2020 - 2021**

Child Name:		Name for Name Tag:	
Parent Name:			
Email Address:			
Address:			
City:	State:	Zip:	County:
Birthdate:		Age:	
Home Phone:		Mobile:	Work:
Emergency Contact: (other than parent listed above):		Relationship:	Phone:

***PLEASE NOTE:** If you are registering more than one child, please fill out separate forms.

Please mark all days and times attending:							
Monday	<input type="checkbox"/>		<input type="checkbox"/>	12-1:30pm	<input type="checkbox"/>	12-3pm	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	9-1pm (7-12 yr old only)	<input type="checkbox"/>	12-1:30pm	<input type="checkbox"/>	12-3pm	<input type="checkbox"/> 12-4pm
Wednesday	<input type="checkbox"/>		<input type="checkbox"/>	12-1:30pm	<input type="checkbox"/>	12-3pm	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	9-1pm (7-12 yr old only)	<input type="checkbox"/>	12-1:30pm	<input type="checkbox"/>	12-3pm	<input type="checkbox"/> 12-4pm
Friday	<input type="checkbox"/>		<input type="checkbox"/>	12-1:30pm	<input type="checkbox"/>	12-3pm	<input type="checkbox"/>

Allergies: Please describe each allergy, reaction and management, administration of medication, Epipen, etc.
Do they react to bug bites/ stings or plants such as poison ivy and poison oak?

Additional Medical Information: We want your child to have a fun, safe and successful experience.
Please check all that apply and provide additional info if necessary. Has/does the child:

___ Wear glasses or protective eyewear? ___ Have a condition that requires our knowledge or special care?

Anything else that we should know? _____

Pick up information

Please list all adults, including parents, with permission to pick up your child. (ID may be required)

Name	Relation	Phone #

Consent Statement: I/We, _____, and _____, the parent(s) and or legal guardian(s) of the aforementioned child, wish for my/our child to participate in Nature Art Club, (the "Program"). I/We understand that there may be unforeseen dangers associated with the Program. I/We hereby release and hold harmless Corelli Art Studio and its officers, directors, employees and agents from and for any and all claims, demands, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or to property suffered or incurred by my/our child not arising from the gross negligence of Corelli Art Studio and otherwise regardless of the cause thereof in connection with the Program or any aspect of it. I/We also give permission for Corelli Art Studio to use photos/videos of my child for educational and/or promotional purposes.

This release shall be binding upon me/us, and my/our heirs, next of kin, executors, administrators and assigns.

Parent Signature: _____ **Date:** _____

Questions or Concerns? Please feel free to contact us at
(803) 403 - 6714 or Corelliartstudio@gmail.com