

Parent / Child Registration for Kathy Anderson's School for Young Artists 2007 – 2008

Today's date

Student #1 (full name) Birth date

Student #2 (full name) Birth date

Accounting statement should go to

Name
Relationship to child / children
Occupation

PRIMARY EMAIL ADDRESS

The primary way we will contact you is through your Email address. Email address
Your Email will be kept in strict confidence. We do not share our mailing list with anyone.

Mailing address Street or PO Box
City
State, Zip Code

Cell Phone Home Phone
Work Phone

All other Emails about The School for Young Artists, (scheduling, cancellations, shows), should go to ...

(check one of the below)

Same as above
Alternate Contact ▶ Name Email address
Other ▶ Name Email address

Alternate contact person Name
Relationship to child / children
Occupation

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Alternate contact person

Name

Relationship to child / children

Occupation

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Members of the school who refer a family signing up for an eight-class series receive one free class.

Please tell us who referred you.

Kathy Anderson's School for Young Artists (845) 679-9541 kanderson4@hvc.rr.com

31 Wittenberg Road, Bearsville, NY 12409

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In the event of an emergency and none of the above can be contacted

Emergency contact person _____
Relationship to child / children _____
Phone numbers _____

EMERGENCY MEDICAL PERMISSION

If an emergency should occur and a parent or legal guardian is not available, this document gives Kathleen Anderson and The School for Young Artists permission to have my child or children

Name(s) _____

treated by a licensed physician for as long as they are enrolled in The School for Young Artists.

Printed name of parent or legal guardian _____

Signature of parent or legal guardian _____

Telephone number(s) _____

Date _____