

Registration for Kathy Anderson's School for Young Artists

Today's Date

Student's(s') Name(s)

Birth date(s)

Name _____
Relationship to Child / Children _____
Occupation _____

Email address for Accounting _____

Cell Phone _____
Work Phone _____
Home Phone _____

Street or PO Box _____
City _____
State, Zip Code _____

Email notifications about *Studio Stories*, i.e. my blog posts, scheduling, cancellations, shows, open houses, etc.

NAME

EMAIL

NAME	EMAIL

Students have varied interests and needs. Briefly tell me about your child. Does he or she love to draw and/or make things. Does she get frustrated if she thinks she's made a mistake. Does he struggle with fine motor co-ordination? Is your child's attention span short? Perhaps it varies depending on what he or she is doing. When students have or have had challenges in their lives, these things can influence their art. Do you attribute the manner of your child's expression to those challenges?

I do not discuss these issues with your child unless he or she brings them up. I keep this information confidential and only use it to better understand your child's needs.

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. _____

PARENT OR GUARDIAN

Name _____
 Relationship to Child / Children _____
 Cell Phone _____
 Home Phone _____
 Work Phone _____

EMERGENCY CONTACT PERSON

Name _____
 Relationship to Child / Children _____
 Cell Phone _____
 Home Phone _____
 Work Phone _____

EMERGENCY MEDICAL PERMISSION

If an emergency should occur and a parent or legal guardian is not available, I give Kathleen Anderson permission to have my child or children treated by an emergency medical technician or a licensed physician.

Name _____
 Medications _____
 Allergies _____

Name _____
 Medications _____
 Allergies _____

Name _____
 Medications _____
 Allergies _____

I understand that I assume all financial responsibility for any treatment therefore, I want to have my insurance provider and my child's / children's medical record numbers on file here.

Insurance Provider _____
 Names and Numbers _____

Printed Signature of Parent or Guardian _____ Date _____

When you next come with your child I'll have you put your signature here.