

Town of Forestport Art Program Contact Information

1st Child's Full Name: _____ **Date of Birth** _____

Grade Level for current School Year _____

2nd Child's Full Name: _____ **Date of Birth** _____

Grade Level for current School Year _____

3rd Child's Full Name: _____ **Date of Birth** _____

Grade Level for current School Year _____

Reside In: ☐ **Forestport**

OR ☐ **Parent owns property** ☐ **Grandparent owns Property**

Primary Parent/ Guardian Contact

Full Name: _____ Relationship to child(ren): _____

Address: _____ City: _____ Zip: _____

Email: _____ (Email is used to send updates on the program)

Phone Number: _____ Can you receive texts at this number ☐ Y ☐ N

Secondary Parent/ Guardian Contact

Full Name: _____ Relationship to child(ren): _____

Address: _____ City: _____ Zip: _____

Email: _____ (Email is used to send updates on the program)

Phone Number: _____ Can you receive texts at this number ☐ Y ☐ N

Emergency Contact Name (Person other than parent/guardian)

Name: _____ Phone number: _____

Relationship: _____

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardians. In the event that I cannot be reached, I hereby give permission to receive proper medical treatment to my child(ren) named herein.

X _____ Date: _____

In addition to the people listed on the front of the form, my child(ren) have my permission to leave with the individuals listed below:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

If there is anyone we CANNOT release your child to, please provide below:

Please indicate if you have a child with special needs, medical condition(s), allergies, or any other concerns we should be made aware of:

Parent Signature: _____ **Date:** _____