

# Registration Form

## Summer Art Enrichment

Mary Kay Thomas  
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Cleveland, Ohio 44135  
216-322-2047

STUDENT INFORMATION	CHILD'S NAME (FIRST, MIDDLE LAST)		BIRTHDATE	
	STREET		GRADE	
	CITY	PHONE	GENDER	RACE
PARENT GUARDIAN 1	NAME (FIRST, LAST)		RELATIONSHIP TO STUDENT	
	HOME ADDRESS		EMPLOYER	
	HOME PHONE		WORK PHONE	
	CELL PHONE		E-MAIL ADDRESS	
PARENT GUARDIAN 2	NAME (FIRST, LAST)		RELATIONSHIP TO STUDENT	
	HOME ADDRESS		EMPLOYER	
	HOME PHONE		WORK PHONE	
	CELL PHONE		E-MAIL ADDRESS	
EMERGENCY CONTACT (NON-PARENT) <small>3 Contacts required</small>	NAME		RELATIONSHIP	DAYTIME PHONE
	NAME		RELATIONSHIP	DAYTIME PHONE
	NAME		RELATIONSHIP	DAYTIME PHONE
YES NO [IN CASE OF AN EMERGENCY: an emergency care hereby facility-give my consent for Aid, medication, treatment and transportation to				
FIRST AID INFORMATION	ALLERGIES			
	FAMILY DOCTOR		PHONE	
	DENTIST		PHONE	

Parent Signature / Date

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