

# Children's ART SPOT

Class you are registering for:

Day:

Time:

Child's Name

Age

Grade

Parent's Names

Address

Town

Zip

Home Number

**\*required** EMAIL ADDRESS: (for OUR use only)

Work Number Mom:

Dad:

Cell Phone Mom:

Dad:

Emergency Contact Name

Phone Number (Reachable during the Class Time!)

Pediatrician Name

Office Number

Any Allergies?

On Any Medication? (please list)

Any Drop Off/Pick Up Contact Names we should know?

Any Comments?

## PLEASE NOTE

Children may be **sent into the school** without a parent at the **start of class**, no earlier! For Pick -Up, parents must come inside to claim their child or make arrangements with us in advance. We will **not** release any child outside on their own!

**NO** peanuts or snacks containing peanuts due to some children's severe allergies!

I understand there are no medical facilities at The Art Spot and that The Art Spot will not be held responsible for any medical care. In the event of ALL **emergencies**, the staff is trained to call 911, then call the parent or emergency contact. I accept the responsibility to furnish all pertinent medical history, allergies, and medications for my child to The Art Spot in the event this information might be needed to be made available to emergency medical services.

Please make note if you are unwilling to have your child participate in any photography that might be used in the press, or to be identified in any such press.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

This form should be filled out and sent with your payment to:  
The Art Spot 48 Hop Brook Road Brookfield, CT 06804

Questions? Call Us at 203-775-4224 or Email Us at ArtSpot1@aol.com

See us on the Web at [www.ArtSpotInfo.com](http://www.ArtSpotInfo.com)

The Art Spot is located at 88 Sugar Hollow Road ON Route 7 on the Ridgefield/Danbury line