ROOTS+WINGS SCHOOL OF ART

2012 Spring Break Art Camp Registration Form

Student Name: _____ Age ___

Parent(s) Name: _____

Mailing address: _____

Phone: _____

Email: _____

Release and Emergency Information

Please list the best number to reach you during our day: _____

Does you child have any known allergies: No Yes (If yes, please explain.)

_____

Please list 2 people we may contact if a need arises and you cannot be reached. *(These individuals may be contacted in the event of a weather emergency, medical emergency, or sudden onset of illness. They may be asked to pick up your child if you cannot be reached.)*

_____ _____ _____
Name Phone Relation to child

_____ _____ _____
Name Phone Relation to child

Please list 2 additional people that may also pick up your child if you cannot come.

_____ _____ _____
Name Phone Relation to child

_____ _____ _____
Name Phone Relation to child

Please list the names and phone numbers of your child's Physician & Dentist.

Physician: _____

Dentist: _____

Payment: $150 **Total Amount Paid: $** _____

How did you hear about us? _____

Please send this registration form + payment to Roots + Wings School of Art:

Roots + Wings School of Art

91 Shady Oak Drive, Asheville, NC 28803

www.rootsandwingsarts.com 828.545.4827 info@rootsandwingsarts.com