

FARMINGTON VALLEY ARTS CENTER
Student Information Form for Spring Arts Adventures 20__

Student Name _____ Age _____

Street Address _____

Town _____ State _____ Postal Code _____

Parent Phone 1# _____ Name: _____

Parent Phone 2# _____ Name: _____

Emergency Contact 1 # _____ Name: _____

Emergency Contact 2 # _____ Name: _____

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

- I **PERMIT** FVAC to use photographs of my child in printed and/or online marketing materials or publicity.
- I **DO NOT PERMIT** FVAC to use photographs of my child in printed and/or online marketing materials.

Signature of Parent/Guardian _____ Date _____

IMPORTANT NOTE: Pick-ups will be monitored daily by camp staff. If another person is scheduled to pick up your child, besides those listed below, send a note stating his or her name and the effective date(s). **No child will be allowed to leave campus with someone without prior authorization from a parent or guardian.**

Persons below are authorized to pick up your child from Spring Arts Camp. It will be assumed that persons listed above are authorized to leave camp with this child.

Name _____ Relation (circle): mother father guardian

Name _____ Relation _____

Name _____ Relation _____

Does your child have any allergies? _____

Is there anything else we need to know about this child? (use reverse if necessary)

