

MURAL PAINTING : A FREE Program For 3rd and 4th Grade at the Courthouse Community Center

Registration Form 2017

You must fill out a **separate** form for each child.

Child's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name(s): _____

Grade _____ Age: _____

Dismissal Plans (Please check one of 3 below): _____ My child will be
picked up at the Courthouse **OR** _____ my child will walk home **OR**
_____ my child will take bus transportation home

Persons Authorized to Pick Up Your Child:

Please list up to three people who are authorized to pick up your child, other than those listed on the Parent or Guardian line.

1. _____ Phone# _____

2. _____ Phone # _____

3. _____ Phone # _____

Food or other allergies: yes / no (circle one)

If yes, which allergies:

Special Needs: yes / no (circle one)

If yes, please explain:

Emergency Contact(s) :

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please check below to indicate your permission:

____ I give permission for _____
to participate in Mural Painting Class.

____ I give permission for _____
to meet Director of Courthouse in front of the school and walk over with the
group to the Courthouse.

____ I give permission for my child's picture to be used in publicity for
after school programs, including newspapers and websites.

Parent/Guardian Signature: _____