

Art in the Afternoon Information Form

Name of Child _____ Nickname? _____

Child's Birthday _____ - _____ - _____

Grade _____

School _____

Address _____

Phone Number at Child's home _____

Parents Name: _____

Parent's Home Phone Number: _____

Cell _____

Name of person in charge of picking up
child: _____

Phone number of person in charge of picking up
child: _____

Will anyone else be allowed to pick up your child? Yes No

If Yes, whom? _____

(no one else will be permitted to pick up your child unless listed on this form)

Days you would like your child to attend (please circle)

Mon Tues Wed Thurs Friday

Approximate time child will be picked up on days attending

Mon Tues Wed Thurs Fri

Any allergies? _____

Special diet or any foods your child cannot eat? _____

What type of art does your child like to do? _____

Other interests your child has: _____
