

NEWSPRING ART STUDIO | STUDENT REGISTRATION FORM

PLEASE READ CAREFULLY AND PRINT CLEARLY.
 THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

SECTION I | SITE OFFICE USE ONLY

ORGANIZATION		COUNCIL DISTRICT	
PROJECT SITE		SCHOOL DISTRICT SERVED	
DATE OF ADMISSION		DATE OF WITHDRAWAL	

SECTION II | STUDENT INFORMATION

List all children enrolling in Newspring Art Studio's after-school program.

Name (Last, First)	DOB (mm/dd/yy)	Grade	Gender (M/F)	Race (Black/African-American, White, Asian, Native American, Pacific Islander, Other)	Ethnicity (Hispanic or Non-Hispanic)

SECTION III | HEALTH INFORMATION

Please complete this section for each child listed above.

Name (Last, First)	Medications	Allergies	Health Problems	Participate in Recreational Activities?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV | PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Home Phone	
Mobile Phone		Work Phone	
Home Address		Email	
Emergency Contact (other than above)		Home Phone	
Mobile Phone		Work Phone	
Home Address			

Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child to leave ONLY with the following persons. Please list name and telephone number for each.

Name		Phone		Relationship to Child	
Name		Phone		Relationship to Child	

MY CHILD HAS PERMISSION TO BE RELEASED TO THE CARE OF HIS/HER SIBLING(S) UNDER THE AGE OF 18 YEARS.

SECTION V | AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby give consent for my child(ren) to be transported and supervised for emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the program to transport my child to:

Physician		Phone	
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Address			
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Emergency Medical Care Facility		Phone	
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Address			
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I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.

SECTION VI | PARENT/GUARDIAN CONSENT

For each section below, check the box(es) indicating whether or not you give your consent.

TRANSPORTATION:

I hereby give do not give - my consent for my child to be transported/supervised by the operations employees to walk home.

I hereby give do not give - my consent for my child to be transported/supervised by myself and/or family to and from home.

I hereby give do not give - my consent for my child to be transported/supervised by the operations employees to and from Newspring Art Studio (for field trips).

FIELD TRIPS: I hereby give do not give -my consent for my child to participate in field trips.

MEDIA/VIDEO RELEASE: I hereby give do not grant my child permission to be photographed/videoed/and-or interviewed. It is my understanding that this photograph/interview or portions thereof will be used for public view and there will be no financial remuneration for said photograph, video or interview.

SECTION VII | PARENT/GUARDIAN SIGNATURE

A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.

PARENT/GUARDIAN SIGNATURE		DATE	
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Our studio is located at *Forney Construction*, and our private, only entrance is at the back, rear corner of the building. Look for the *Newspring* signs near our sidewalk and the black canopy over our door.

8945 Long Point Road
Suite 100
Houston, TX 77055
713-590-0100

Questions? Send us an email at info@newspringcenter.org

Visit us online at: www.newspringcenter.org