



**HOMESCHOOL ART CLUB**  
**THURSDAYS, JANUARY 9 – MARCH 13**

**Student Information**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Information**

Primary Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Authorized to Pick Up / Emergency Contact**

This is in addition to Primary & Secondary Guardians

*ID required for pick up*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_



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### Health Information

I understand that if the child named on these forms is injured during the program myself or one of the people listed will be notified by phone. The RACC staff will treat minor injuries such as scrapes, scratches, bug bites, etc. with an on-site First Aid Kit. In cases of extreme emergency, I will be notified by phone, but I authorize the RACC to contact an ambulance and/or proper medical personnel to treat the child as medically necessary.

Health Insurance: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate if your child has a history of any of the conditions below.

- |              |           |                     |
|--------------|-----------|---------------------|
| Hay Fever    | Asthma    | Food Sensitivity    |
| Diabetes     | Epilepsy  | Behavioral Concerns |
| Insect Bites | Allergies | Other _____         |

\_\_\_\_\_

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

Will your child need to take medications during program? \_\_\_\_ Y \_\_\_\_ N

I understand that if my child needs medication during program, I will be required to provide additional medication consent forms completed by both myself and my child's physician. \_\_\_\_\_ (Initial)

**\*\*All medications are to be stored by RACC Director (Including Emergency Inhalers and Epi-pens) Students are not able to carry their own medication nor administer it without staff supervision.\*\***

I \_\_\_\_\_ give permission for the child to participate in Rome Art and Community Center's, Homeschool Art Club. I agree to the rules and guidelines set up by the RACC and the program instructors. I will also allow the RACC to use any images or photos taken during this program for publicity purposes. I release the RACC and the Homeschool Art Club personnel from any liability during this program, related to any injury or illness, or any other circumstance that may arise.

\_\_\_\_\_  
Primary Guardian Signature

\_\_\_\_\_  
Date

### Payment Method

Cash    Check # \_\_\_\_\_    CC \_\_\_\_\_

Exp \_\_\_\_\_    CVC \_\_\_\_\_    Total \_\_\_\_\_

Signature \_\_\_\_\_

ONE CHILD PER FORM