

(Please print clearly)	
Date of class	
Child's name	
Parent name(s)	
Address	
Email address	
Available phone(s)	
Emergency contact name	
Relationship to child	
Child's health issue we should know about	
How is child being picked up?	

Disclaimer:

I hereby release the Art on the Square Gallery, Decatur County Arts Connection and the teachers from any and all claims and liability of any kind of personal injury or property damage due to my child's participation in this class. I give consent for my child to be photographed while participating in class activities and consent for the child's art work to be photographed.

Parent's signature_____Date_____

_____\$15 <u>non-refundable</u> fe e for each class enclosed (due with registration)

Please make check payable to "Decatur County Arts Connection"

Return completed application to:

Art on the Square Gallery, 114 E. Washington Stre et, Gre ensburg, IN