



P.O. Box 197 Calistoga CA 94515

CAC CHILDREN'S CLASSES REGISTRATION FORM

Please complete the form and submit with payment.
Submitting in advance of the session is appreciated.

After School Art (1st thru 6th) Kinder Art'n Summer Art Camp Winter Art Camp Mommy & Me

Session Dates: from _____ to _____

After School Program Class(s) enrolling in: _____

ENROLLEE INFORMATION

Child's First Name _____ Last Name _____

Child's Date of Birth _____ Male _____ Female _____

Name of School _____ Grade in School _____

Parent or Guardian First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

MEDICAL INFORMATION (not required for Mommy & Me since parent is present)

Doctor's Name _____ Doctor's Phone _____

Medical Insurance Company _____ Identification # _____

Known Medical Conditions _____

EMERGENCY CONTACTS

1. Name _____ Relationship _____

Daytime phone _____ Evening phone _____

2. Name _____ Relationship _____

Daytime phone _____ Evening phone _____

AUTHORIZATION

I authorize my child to participate in the After School Program (or other program specified above) and its activities. I give my permission to the Calistoga Art Center to utilize photographs of my child taken during his/her participation in the program and hereby waive all rights of compensation.

Signature of parent or guardian _____ Date _____

CAC OFFICE USE ONLY: Classes enrolled in _____

Total Fee \$ _____ Amount Paid _____ Payment Method _____