

FINE ART STARTS!' Schoolyear 2008-2010

EMERGENCY CONTACT AND MEDICAL RELEASE AUTHORIZATION

Information may be added at any time. If information needs to be updated, completion of a new form is required.

Student's Name	M/F	Dates of Birth	Age at Enrollment (if a child)
Allergies/Special Food Requests			
Address			
Parent/Guardian 1 (if student is a minor)		Home Phone	Cell Phone
Employer	Email Address		Work Phone
Parent/Guardian 2 (if student is a minor)		Home Phone	Cell Phone
Employer	Email Address		Work Phone

**List a minimum of two (2) additional authorized pick up people (including second parent/guardian):
I.D. may be required at time of pick-up.**

1. Name _____	Home Phone _____	Work Phone _____
Address _____		
Relationship to Child _____		
2. Name _____	Home Phone _____	Work Phone _____
Address _____		
Relationship to Child _____		
3. Name _____	Home Phone _____	Work Phone _____
Address _____		
Relationship to Child _____		

MEDICAL RELEASE

Doctor's Name _____ Phone _____

I give permission to Fine Art Starts, LLC and Staff to make whatever emergency (ie: first aid, disaster evacuation) measures are judged necessary for the care and protection of me and/or my child while participating in Fine Art Starts' program.

In cases of a serious medical emergency, I understand that I/my child will be transported at my expense to _____ by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deem it necessary.

It is understood that in rare medical situations, Fine Art Starts and Staff may need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Emergency Medical Information

Drug allergies/Special Medication Needs _____

Chronic Diseases/Other Health Problems _____

Insurance Coverage _____

Signature _____

Date _____

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Student's Name	Please group my child with his/her friend(s) named:
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Please specify here if you have any special requests, concerns, or feel we must be aware of anything specific about your child, his/her personality, health, or particular artistic goals which they may not impart to us themselves:

My child is looking forward to:

My child will be disappointed if he/she doesn't get to:

Yes No I agree that pictures taken during program hours may be used for future Fine Art Starts promotional purposes (*without* any mention of student's last names/private information, etc.)

REFUND AND CANCELLATION POLICY

Your non-refundable \$20. Registration Fee holds your child's space in classes and goes towards your tuition due on your/your child's first day of class(es). Students are allowed one make up class per month if it is an *excused absence, constituted by notifying Fine Art Starts by 9:00(Sat. Students) and 10:00am (M-F Students) on the day you will be unable to attend class.* Sorry, no make up days or refunds for unexcused absences.

ARTWORK PICK-UP POLICY

All artwork must be picked-up no later than 3 weeks from the last day of your class. Fine Art Starts will not be responsible for keeping or storing artwork left longer than 3 weeks.

YES...I have fully read and understand Fine Art Starts' Refund and Cancellation and Artwork Pick-up Policies above as well as Policies and Procedures handout given to me on the first day of class. I certify that all my information above is complete and true.

Signature	Date
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<p>Who may we thank for referring you to us?</p> <p><input type="checkbox"/> The Oregonian</p> <p><input type="checkbox"/> NW Kids Publication</p> <p><input type="checkbox"/> Portland Family Magazine</p> <p><input type="checkbox"/> Referred by a Friend</p>	<p><input type="checkbox"/> Bravo! Book</p> <p><input type="checkbox"/> Phone Book</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Camp/Kids Expo</p>
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<p><input type="checkbox"/> My child's school or newsletter: _____</p> <p><input type="checkbox"/> Library _____</p> <p><input type="checkbox"/> Other _____</p>
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