



Creative Arts Time

2012 Registration Form

Today's Date _____ Beginning Date _____

Please return this form with \$100 registration fee.

Complete both sides of this form.

STUDENT INFORMATION

Name (Last, First) _____ Preferred Name _____
Grade _____ Age _____ Gender: Female Male
Address _____ City _____ Zip _____
Home Phone _____
Child resides with : () Mother () Father () Both () Other

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Driver's License No. _____
Address _____ City _____ Zip _____
Place of Business _____
Telephones: Work _____ Cell _____
E-mail _____

Parent/Guardian Name _____ Driver's License No. _____
Address _____ City _____ Zip _____
Place of Business _____
Telephones: Work _____ Cell _____
E-mail _____

MEDICAL INFORMATION

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the staff of Creative Arts Time at Preston Hollow United Methodist Church to render first aid and/or take my child to the nearest medical facility for any and all necessary treatment.

ALLERGIES _____

Signature of Parent or Guardian _____ Date _____

EMERGENCY INFORMATION

List 2 individuals other than parents who may be contacted in case of an emergency.

Name: _____ Driver's License _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Driver's License _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

AUTHORIZED PICK-UP INFORMATION

List 2 individuals in the Dallas area, other than parents, who are authorized to pick up your child.

Name: _____ Driver's License _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Driver's License _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

PERMISSION AUTHORIZATION

Permission to transport in case of emergency?	Yes	No
Permission to take photos for internal use by the CAT at PHUMC?	Yes	No
Permission to use photos containing your child for promotional interests of CAT at PHUMC?	Yes	No

I will hold harmless the Creative Arts Time (CAT) at Preston Hollow United Methodist Church and any of its agents, directors, employees, and supervisors for any responsibility or liability for any injuries or property damage that may arise from my or my child's participation in this program. I understand that in the event of an injury, my own personal medical insurance will be used.

SUPPLY FEE

I understand that a \$100 registration fee is due no later than the first day of attendance to the program.

Signature _____ Date _____

Interests: Please circle all of interest

Bell Choir	Choir	Comedy/Clowns
Creative Writing	Culinary Arts	Drama/Improvisation
Floriculture	Knit/Crochet	Liturgical Dance
Musical Composition/Theory	Musical Theatre	Show Choir
Painting/Drawing	Photography	Private Instrumental Instruction
Private Voice Instruction	Storytelling	Woodworking