



## Sign-up Form and Permission Slip

**PLEASE NOTE:** It is pertinent that all parents and guardians sign information and allergy forms for children as they register to do art. This helps us with vital information before we introduce kids to art products/and-or food products.

Activity/Class: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age during the class: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parents or Legal Guardian's Name(s): \_\_\_\_\_

***During the art classes, parent can be reached at:***

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

Phone Number(s): \_\_\_\_\_

***In Case of Emergency, please notify:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the Art Xpressions art class.

I will bring and pick up my child promptly to the class. My child has no physical problems, limitations, or allergic reactions, (except those listed below), that the adult leaders (in charge) should be aware of in terms of my child's participation in the activities.

List below any physical limitations, medical needs, and or allergic reactions: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** Please have children wear comfortable shoes and clothing. While Art Xpressions will provide protective aprons, this does not guarantee that paint, art materials and products cannot "find" clothing and shoes for permanent stains! We, at Art Xpressions, will do whatever we can to insure that children have a fun and happy art experience and this should include children wearing casual, older clothing. **For questions or more information, call 573-480-4094 or email [info@artxpressions.org](mailto:info@artxpressions.org).**