Enrollment Form (2011-2012)

Creative Planet

SCHOOL OF THE ARTS

Name of Student_____
First Middle Last

Grade_____ Age_____ Birthdate _____
Month / Day / Year

Address_____City_____Zip_____

E-mail Address_____

Home Phone #_____

Mother's Name_____ Work # _____

Father's Name _____ Work # _____

I understand that every attempt will be made to contact me in the event of illness or accident. In case you are unable to reach me during any emergency, you are authorized to contact and if necessary release my child to:
Name: _____ Phone #_____ Relation _____
Name: _____ Phone #_____ Relation _____
Physician: _____ Phone #_____

If the above cannot be contacted, my child may be treated by the paramedics:
_____ yes _____no
My child is allergic to: _____
Other important health information:_____

I give permission for my child to attend The Creative Planet School of the Arts and to participate in the activities offered by said school. I hereby absolve the school from liability to me or my child due to injuries of my son or daughter while attending the fore mentioned school and participating in its activities. I also give permission for school employees to give minor first aid to my child such as Bactine, Band-Aids, Tylenol, etc. I understand that payment is due on or before the 6th of each month or the day my child attends a particular class or set of classes in order for him/her to participate. I understand that my child is here to accelerate academically in order to expand his/her future opportunities. I understand that Creative Planet is committed to offering classes in the Performing and Visual Arts to children of all ages in order to enhance their education, support healthy and creative self-expression, and develop discipline in the arts. I agree to support my child and his/her teachers in this process.

Parent Signature: _____ Date: _____

Office Use Only

____ Academic School **Scholarship: _____**

____ After-School Arts **Monthly Payments: _____**

____ Summer Arts Camp **Registration Paid: _____**