

Side by Side ART CLASSES
REGISTRATION FORM
VSA arts of Kentucky

Student Name: _____

Student Age: _____ Birthdate: _____

Student's Disability (for planning purposes only): _____
(Parents may stay to assist their children if needed)

Student's Address: _____

Phone Number: _____

City: _____ St: _____ Zip: _____

Parent(s) Name: _____

Address (if different than student): _____

Phone (if different than student): _____

E-Mail Address: _____

Please check the class time you would prefer.

_____ 12 noon – 1:00 pm Elementary

_____ 1:15 – 2:15 pm Elementary

_____ 2:30 – 3:30 pm Middle and High School Students

Please initial: _____ I hereby grant *VSA arts of Kentucky* permission to use, distribute, and release my:

Photograph

Biographical information

Art images

and hold *VSA arts of Kentucky* harmless from any such use for purposes of promotion of *VSA arts of Kentucky* through the following media, including but not limited to print, radio, television, electronic and Internet media coverage.

Please initial: _____ I grant permission to *VSA arts of Kentucky* personnel to seek emergency medical treatment for my child should it be needed.

Participant, **Date**
Parent or Guardian *(if participant is under the age of 18 or under the care of a legal guardian)*

FOR OFFICE USE ONLY

Received by: _____
VSA arts of Kentucky Date

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR REGISTRATION

Name:

Age:

School:

Grade:

How I spend my free time:

My likes and dislikes:

What I like most about art is:

What I want to do when I grow up: