



VISUAL ARTS CENTER STUDENT INFORMATION SHEET

Student's Name _____

Date of Birth ____ / ____ / ____ Age as of Camp _____ Male / Female

School _____ Grade Most Recently Completed _____

Please list any allergies or health-related concerns for your child.

May we photograph your child to use for Visual Art Center promotional material (print and online)?
 Yes, WITH name Yes, WITHOUT name No

Parent/Guardian _____ Relationship _____

Address (local or temporary) _____

City _____ State _____ Zip _____

Parent Email Address _____

Local Phone Numbers: Home (_____) _____

Cell (_____) _____ Work (_____) _____

List All Persons with Permission to Pick Up Child(ren)

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Call List (in order of preference)

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

_____ Signature of Parent/Guardian _____ Date



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Yes, WITH name

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Yes, WITH name

Yes, WITHOUT name

No

Permission to transport your student to the Peace River Botanical Gardens in a School Bus with a certified and registered School Bus Driver during Summer Camp 2023? This will only be a one-day trip, date to be determined.

Yes ____ No ____

Parent Name printed: _____

Parent Name Signature: _____ Date: _____