



**Art and Craft Program Registration**

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
First Last

**Parent/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer & Address \_\_\_\_\_

Phone #s \_\_\_\_\_  
Home Cell Work

Email \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer & Address \_\_\_\_\_

Phone #s \_\_\_\_\_  
Home Cell Work

Email \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Hours**

3:45-5:45pm, Monday, Tuesday, Wednesday, Thursday

**Prices**

5 class punch card \$110

10 class punch card \$200

Drop in daily rate: \$25

Punch cards are **non-refundable** but are valid for the entire school year.  
The last day of school is June 2, 2011.

**Classes – see current schedule for descriptions of classes**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

(If we offered a Friday class, would you be interested?  yes  maybe  no )

The FCS Art and Craft Program is open from 3:45-5:45pm, Monday, Tuesday, Wednesday and Thursday.

We expect that most children will come on a fairly consistent schedule, but once you have registered, you may attend on a schedule that works for you. Keep in mind that attending on a regular and consistent schedule helps your child gain the most from the program as possible. *Please try to communicate your anticipated schedule with as much advanced notice as possible to help with our planning.*

You may drop off and pick up any time during our open hours, but your child **MUST** be picked up no later than 5:45pm. A penalty of \$5 per minute will be charged for pick up after 5:50pm.

To keep costs to a minimum and to promote recycling within our community, FCS will post a "Wish List". Please consider making a donation if you have something to offer. FCS is a 501c(3) non-profit organization. All donations are tax deductible to the full extent allowable by law.

Please wear clothes that can get dirty.

FCS is a peanut-free school, if you send a snack with your child, please don't send peanuts.

## Permissions

If you would like your child to be picked up by someone other than the parent(s) listed above, please name them here:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

I give permission for my child's photograph to be taken while working on class activities and for these photographs to be:

- posted on the school's blog/website **Yes / No**
- used in future class promotional materials **Yes / No**

I give permission for my child to go on neighborhood walks with FCS staff. **Yes / No**

I give permission for FCS staff to apply sunscreen to him/her if needed. **Yes / No**

## Medical Release

While enrolled in this class at Fremont Community School, I give permission for the school (1) to seek medical attention for my child in the event such treatment is deemed necessary and I am unable to be contacted and (2) to arrange for my child to be transported by ambulance or aid car to an emergency room for treatment. I further consent to medical, dental, surgical or hospital care, treatment and procedures to be performed for my child by a licensed physician, dentist or hospital when deemed immediately necessary or advisable by the physician or dentist to safeguard my child's health.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

Hospital of choice in an emergency: \_\_\_\_\_

Any known allergies/current medications: \_\_\_\_\_

Child's Physician \_\_\_\_\_ phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group # \_\_\_\_\_ ID \_\_\_\_\_

And medications? \_\_\_\_\_

Is there any other information you want us to know about your child?

### **Please return this application and payment to:**

Fremont Community School, Attn: Sharon Tapia, 3530 Interlake Ave N, Seattle, WA 98103

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_