



**Express It Art's
After School Care Registration**

Enrollment Date : _____

Student Last Name First Name M.I. Gender Birthday

Parent Name (Primary contact):			Home Number	Cell
Parent's Email Address		Address		
Parent Name (Secondary contact):			Home Number	Cell
Email Address		Address		

Medical & Emergency Contact Information

Emergency contact names should be someone to whom we may release your child in the event of an accident or a sudden illness, and neither parent can be reached.

1 _____
Contact Name Address

Home phone _____ Cell _____

2 _____
Contact Name Address

Home phone _____ Cell _____

Does the student take any medications on a regular (or seasonal) basis? _____

Medication	When Taken
------------	------------

If your child needs to take medicine while at Express It Art, you're signature belows allows us to adminster their medicine.

I/We hereby give permission to the staff of Express It Arts After School Care program to call on my/our child's behalf, for any doctor or emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that Express It's staff will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. Express It's staff is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

Parent Signature

Date

Authorized Pick-Up/Release

Persons who have permission to pick-up my child (Be sure emergency person(s) and siblings are included) We will be checking everyones ID until we have faces memorized:

_____	_____
_____	_____
_____	_____

Persons who MAY NOT pick up my child: _____
--

Staff will not allow your child to be released to anyone not listed. Your written permission must be received if you wish to add an additional person(s). Staff may ask for photo identification from any person with whom staff is unfamiliar. _____ **Initial**

Authorized Pick-Up/Release

Persons who have permission to pick-up my child (Be sure emergency person(s) and siblings are included) We will be checking everyones ID until we have faces memorized:

Persons who MAY NOT pick up my child:

Staff will not allow your child to be released to anyone not listed. Your written permission must be received if you wish to add an additional person(s). Staff may ask for photo identification from any person with whom staff is unfamiliar. _____ **Initial**

Computers & Phones

Computers

Express It Art has Wifi the students can connect to and I do have Parental Controls on my internet. I do not restrict cell phones because we use these for visual images to create from occasionally. If you don't want them to use their phone while here, please explain this to your child. Let me know if I can help in any way.

Photography & Video

Photographs or Videos I may take while students are here

_____ I give Express It Art permission to occasionally photograph my child, to use on her facebook, instagram or website, which are all public pages.

_____ I Do NOT give Express It Art permssion to photograph my child, to use on her facebook, instagram or website.

Parent(s) Signature _____

_____ **Date** _____