



STUDENT INFORMATION SHEET

CLASS _____ COURSE CODE _____ SESSION _____

Student Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Name of Parent(s)/Guardian(s): _____

Phone Number: (H) _____ (W) _____

(Cell) _____ Email: _____

Any other person(s) authorized to pick up student other than parent(s) listed above: _____

Emergency Contact: _____

Phone: _____

Physician: _____ Physician's Phone Number: _____

Allergies, Disabilities, etc. that the School should be aware of: _____

In consideration of said child's participation at The Baum School of Art, I/we hereby forever release, indemnify, hold harmless, and forever discharge The Baum School of Art, their officers, directors, employees, agents, representatives, successors, and assigns from any and all liability, loss, damage, action and expense resulting from property damage and/or personal injury incurred by said child which may result from said child's participation in any and all activities of The Baum School of Art.

All children (under age 18) must be signed out of their classroom by a parent, guardian, or authorized person on this form, unless prior arrangements are made by the parents with the administration office. Children of any age will not be released to the lobby for pickup or released to walk home.

I understand that my child will have to be signed out of the classroom by a parent, guardian, or authorized person on this form.

Signature of Parent/Guardian

Date

If you are in disagreement with anything listed below please cross out and initial:

I give permission for my child to participate in all activities at The Baum School of Art and to receive basic first aid and/or emergency medical treatment, if necessary.

I give permission for my child to be photographed during activities and for The Baum School of Art to use my child's photographic image in commercial or non-commercial publicity for the School.

I give permission for my child to visit the Allentown Arts Park (next door) with his or her class.

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

It is the responsibility of the parent to make sure this form is returned by the start of the session. A new form is to be filled out each session by the student's parents. Forms from previous terms will be shredded. Mail to: The Baum School of Art, PO Box 653, Allentown, PA 18105 or Fax to: 610.433.3417