



Sunshine Arts would like to welcome anyone and all who are interested in attending. We need your participation. Please complete the form and join Sunshine Arts. The information acquired through this form is kept private and used solely to help form classes that better suit your interests and the needs of our community.

REGISTRATION FORM

STUDENT INFORMATION

Student's Name _____
Last First Middle
Street Address: _____ City: _____ Zip Code: _____
Birth date: ____/____/____ Grade: _____ School: _____
Month Day Year
Student's e-mail address: _____

PARENT OR GUARDIAN

Parent/Guardian Name: _____ Relationship: _____
Primary Number: () _____ Alt Phone Number: () _____
Parent/Guardian's e-mail address: _____

HOUSEHOLD

Please list all the children living at this address who may want to attend any/all class(es) at Sunshine Arts. Please feel free to use the back of this form if you require more space for additional names and/or to make any suggestions, as well.
Name _____ Male / Female
Birth date: ____/____/____ Grade: _____ School: _____
Month Day Year
Special interests: _____

EMERGENCY CONTACT

In the event of an emergency and in case we are unable to contact you, please provide two alternate contacts.

Contacts	Name	Relationship	Phone Number
Emergency #1			
Emergency #2			

MEDICAL INFORMATION

Are there any particular medical issues your child may be experiencing or experience while in a class setting which the instructor should be aware of? ___ Physical Disabilities ___ Allergies ___ Other (i.e.: latex, food allergies, aspirin etc.)

Please explain: _____

INTERESTS

Please check which class you are interested in attending. *Please check all that may apply.*

____ Music _____ Dance _____ Art
What are your interests? *Please check all that may apply.*
____ Sports _____ Camping _____ Cooking / Baking _____ Reading / Writing _____ Gardening
____ Community / Culture _____ Hiking / Biking _____ Movies _____ Photography _____ Acting / Theatre
____ Web / Internet _____ Nature / Animals
Other (please specify) _____

SIGNATURE REQUIRED: I am allowing my child to attend classes at Sunshine Arts and be under the care of the instructors.

Date: _____ 20 _____

Parent / Guardian's Name _____

Parent / Guardian's Signature _____