



Fall 2023: FALL BREAK FUN Registration Form



ONE CHILD PER FORM PLEASE

Student Name: _____ Birthdate _____ Age: _____

Gender: _____ Grade 2023-2024 school year: _____ School: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email Address: _____

Parent Mobile Number: _____

MEDICAL QUESTIONS:

Does your child have any food/dye/other allergies? IF YES, please list them here:

Does your child take any medications? IF YES, please list them here:

Do we need to administer any during your class? _____ YES _____ NO

PARENT RELEASE FORM FOR MEDIA RECORDING:

I, the undersigned, do hereby grant or deny permission to the Cultural Arts Center to use the image of my child named above, in the manner stated below for media recordings. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that may include but not limited to, printed materials such as brochures and newsletters, videos for the CAC website, digital images for marketing of the CAC programs and activities for children. At no time do we release a child's name in conjunction with an image. **As such, I choose the following:**

___ NO YOU CANNOT TAKE ANY IMAGES OF MY CHILD FOR ANY REASON

___ You **MAY ONLY TAKE IMAGES OF MY CHILD FOR EDUCATIONAL PURPOSES** (grant/donor reports)

___ You **HAVE UNRESTRICTED USE** of my child's images for use in a variety of purposes without further notification.

Parent/Guardian Signature: _____ Date: _____

Payment is due at time of registration. Checks, Cash, or Debit/Credit card (with a convenience fee attached)

WHICH DAY(S) DO YOU WANT TO COME	TIME	cost	this one:
MONDAY ONLY October 9	9:00-12:00	\$50	
TUESDAY ONLY October 10	9:00-12:00	\$50	
WEDNESDAY ONLY October 11	9:00-12:00	\$50	
ALL 3 DAYS, MON-WED, OCT 9-11	9:00-12:00	\$75 FOR 3	