



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 3, 2010.

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 _____