



Oxford Community Arts Center

After School Art for children in grades 1st -5th

Complete registration form, enclose payment & send to:

After School Art program, Oxford Community Arts Center

P.O. Box 172, Oxford, Ohio 45056

Student Name _____ Age _____

Address _____

City _____ Zip code _____

Name of parent or guardian _____

Daytime phone _____ Cell _____

Email _____

Choose One: Session A: Tuesdays (Kramer & Marshall), 4-5:30pm, Feb. 9th - April 13th, 2010
 Session B: Thursdays, (Kramer & Bogan), 4-5:30pm, Feb. 11th – April 15th, 2010

Children from other schools can choose either day.

School child will attend in winter/spring 2010 _____ Grade _____

Teacher as of winter/spring 2010 _____

Will your child use bus transportation to the Arts Center from school? _____

List any adults other than parent/guardian who are permitted to pick up your child from the Arts Center:

1. _____ relationship: _____

2. _____ relationship: _____

Additional emergency contact:

Name: _____ relationship: _____

Phone# _____

Does your child have any special needs or allergies (food, insects, materials)we should be aware of? Please list/describe.

I, _____ parent/guardian of _____

agree not to hold the Oxford Community Arts Center or any of its employees/interns liable for any injuries incurred during class or on the premises. I also give permission for my child to ride the bus from school to the Oxford Community Arts Center beginning 2/9 and ending 4/15, 2010.

Signature: _____ Date: _____

I [agree][do not agree] to allow my child to be photographed while taking part in the OCAC After School Art program. With my signature I understand that these photos will be used solely for publicity purposes for the Arts Center and its promotional materials for programming, this may include print and web based materials.

Signature: _____

Winter-Spring
2010

For Oxford Community Arts Center purposes:
Date rec'd _____ time _____ paid _____ rec'd by _____