

STUDENT APPLICATION FORM

BANNING ART GALLERY – 42 West Ramsey, Suite C, Banning, CA 92220. Phone 951-849-3993

NAME OF STUDENT _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

CONTACT INFORMATION/EMERGENCY INFORMATION

PARENT OR GUARDIAN NAME _____

WORK PHONE _____ CELL PHONE _____

ALTERNATIVE EMERGENCY CONTACT INFORMATION:

NAME _____ PHONE _____

Class size is limited to a first come paid basis of up to 12 students per class.

Only advanced pay spaces will be held and are non-refundable.

Late students will not be accepted after 10:15 a.m. Students are required to help clean up.

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes _____ No _____

Explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent/Guardian's initials _____

I understand that the Banning Art Gallery will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent/Guardian's initials _____

In case of an emergency, and an emergency contact cannot be reached, I authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder and/or Physician. Parent/Guardian's initials _____

I hereby give permission for my child to be photographed during the Young Artist Workshop. I understand the photos will be used to keep a journal of activities to share during presentations to our donors and for promotional purposes including fliers, brochures, newspaper articles and on the internet. I understand that although my child's photograph may be used, there is no compensation and all photos are the property of the Banning Art Gallery. Parent/Guardian's initials _____

Parent/Guardian Signature _____ Date _____

Printed name of Parent/Guardian _____

Class Dates Circle Sept 18 Oct 9 Oct 23 Nov 13 Dec 11 Dec 18 Advance pay all 6 \$40 \$10 each

Date paid _____ Amount Paid _____ Collected by _____ Receipt # _____