



Paint, Draw & More!

25 Old Mill Rd., W. Redding (Georgetown), CT 06896

Office Hours: Monday through Friday: 9:00 a.m. to 2:00 p.m.

For more information call 203-544-8551.

Sign-Up!

Please fill out the form below and send with full tuition to the address above.

CLASS REGISTRATION

CLASS TITLE

NAME OF FIRST CHILD

AGE

LOCATION

SESSION

DAY

TIME

NAME OF SECOND CHILD

AGE

LOCATION

SESSION

DAY

TIME

Do we have your permission to use your child's photo (no name used) for Paint, Draw & More!, mailing list and post card advertising.

EMERGENCY INFORMATION - This information must be provided for your child to attend class.

ADDRESS

CITY

STATE

ZIP

PARENTS/GUARDIANS NAMES

HOME PHONE

WORK PHONE

CELL PHONE

PARENTS/GUARDIANS NAMES

HOME PHONE

WORK PHONE

CELL PHONE

E-MAIL ADDRESS

EMERGENCY CONTACT

PHONE

DOCTOR

PHONE

PERMISSION SLIP AND RELEASE

I am the parent or legal guardian of: _____ I permit my child to engage in art classes. In the event of an emergency, and if I or my emergency contact cannot be reached, I give Susan Jackson and her staff permission to see that my minor child receives treatment. I also release the instructor, Susan Jackson and her staff from all liability to my child from his or her participation in said art classes and activities.

Date: _____ Signature of Parent or Legal Guardian: _____

Medical Form

Camper's Name _____

List Camps signed up for _____

Emergency numbers or people authorized to pick up your child:

Name _____ # _____

Name _____ # _____

Name _____ # _____

This information is confidential to camp directors and first aider unless it is needed for medical reasons.

1. Is there any special information that you would like to share that would enable us to serve your child better?

No Yes*

*The appropriate person from the department will call you or you may attach a note to this form.

2. Is the camper allergic to ANYTHING?

3. Is the camper under medical care for any illness or condition?

4. Should the camper's activities be restricted in any way?

5. What medications is camper taking NOW?

6. Please include any medications camper has taken regularly or may be coming off of:

7. Does Camper wear eyeglasses? _____

8. Name of child's doctor _____ Phone # _____

Signing below is my permission for my child to participate in all camp programs offered. I also give my permission for the camp Director or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I release and hold the town of Redding harmless from any injuries incurred in town recreational activities.

Parent's Signature _____

*Any camper who has medication administered during camp hours must have our camp's "Administration of Medicine and Medical Treatment Form" filled out by a doctor **before** attending camp. Forms are available at the Redding Park and Recreation website www.townofreddingct.org. The form MUST be received by the Wednesday before camp begins. We will not give out medication without a completed form on file and medicines in their original container.