



Paint Box Art Studio Student Information

Student's Full Name: _____

Female _ Male _ Date of Birth: _____ Grade entering in Fall: _____

Full Name of Parent or Legal Guardian: _____

Phone (h): _____ Phone (w): _____ Phone (m): _____

Address: _____

Please list names we can contact when parent or legal guardian is unavailable.

Full Name: _____ Relation: _____

Phone (h): _____ Phone (w): _____ Phone (m): _____

Full Name: _____ Relation: _____

Phone (h): _____ Phone (w): _____ Phone (m): _____

Does your child have health insurance? YES _ NO _ If yes, company: _____
(in case an emergency should arise)

Does your child have any medical conditions that we should be aware of?

Does your child have any dietary restrictions?

Does your child have any food or drug allergies?

Please list names of authorized persons to pick up your child/children and relations
in addition to names already listed on this application.

Full Name: _____ Phone: _____ Relation: _____

Full Name: _____ Phone: _____ Relation: _____

Full Name: _____ Phone: _____ Relation: _____

Is there anything else we should know about your child?