

# Village Center for the Arts

A Nonprofit Community Fine Art Center

Sponsored in part by:



## UNEXPECTED ARTIST FORM

WHO WILL PICK UP THE CHILD: \_\_\_\_\_ WHAT TIME: \_\_\_\_\_

SCHOOL: (CIRCLE ONE) NES HPE SNIS SMS NMHS TEACHER: \_\_\_\_\_

OTHER: WRITE OUT FULL NAME OF SCHOOL \_\_\_\_\_

PROJECT: \_\_\_\_\_ PROJECT DUE DATE: \_\_\_\_\_

**Will student arrive by NMPS school bus: (circle one) yes no What bus # \_\_\_\_\_ (if you know)**

### STUDENT INFORMATION:

(Please Write Clearly)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Check if Adult Gender \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Circle one

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Landline

Phone: \_\_\_\_\_

Cell

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Student Lives with: Spouse, SO, Parent(s), Sister(s), Brother(s) (circle all that apply)

School (if applicable): \_\_\_\_\_

Are there allergies or behavioral issues we should know about in order to keep your child safe:

Please use back of form:

### PARENT/GUARDIAN INFORMATION:

Please list 2 Guardians, Parent, Step, ECT .

Please note if divorced & specify any restrictions on back of this sheet

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If you need an interpreter, please write in advance, using a translator. What language, when do you plan to come?

In the event of an emergency and I cannot be reached, I hereby give my permission for the Village Center Instructor or their staff to obtain treatment for my child. I hereby authorize any healthcare provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMT's and by staff trained in first aid. I give permission and understand that Village Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, Inc., its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child and/or treatment arising from my child's participation.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

I, the undersigned, authorize Village Center for the Arts to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

**This is a totally free initiative, but if you would like to donate money to help support this program, we always prefer Cash or Check if possible. Thank you for your generosity!** Make Checks Payable to: "VCA", 12 Main Street, New Milford, CT 06776.

Please call with any questions: 860.354.4318

visit our social media sites!

