

## 2016-2017 Art Club Membership Application

Meets Mondays from 9/26/2016-5/1/2017

I give my child \_\_\_\_\_ permission to join art club.

Parent name \_\_\_\_\_

Parent email address \_\_\_\_\_

Work/home/emergency contact numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Student allergies or medical conditions that I may need to be aware of \_\_\_\_\_

\_\_\_\_\_

Is parent able to organize snack schedule?      Yes      No

Is parent able to drive on field trips?      Yes      No

Is parent able to volunteer to assist during meetings?      Yes      No

***Please fill out, sign and return with \$25 fee and the first 20 students will be accepted. Once the Art Club is full, an email will be sent announcing who is registered for the club. Students not accepted will have their money returned and, if desired, put on a waiting list.***