

INNER-CITY NEIGHBORHOOD ART HOUSE FAMILY INFORMATION FORM

Fall 2024

Please print all information

***Parent/Guardian 1:** _____ *Relationship to child _____
 Address _____ Zip Code _____ Cell Phone _____
 E-mail _____ Home Phone _____
 Place of Employment _____ Work Phone _____

***Parent/Guardian 2:** _____ *Relationship to child _____
 Address _____ Zip Code _____ Cell Phone _____
 E-mail _____ Home Phone _____
 Place of Employment _____ Work Phone _____

***Parent/Guardian 3:** _____ *Relationship to child _____
 Address _____ Zip Code _____ Cell Phone _____
 E-mail _____ Home Phone _____
 Place of Employment _____ Work Phone _____

*****Art, Photo, Web and Video Release Permission*****

My child/children has my permission to participate in art shows and to have artwork displayed or printed. **Yes** _____ **No** _____
 My child/children may be photographed for print, Art House web page, Facebook, Instagram, videotaped and audio tape recorded. I understand that these materials can be used in publications, news releases, online and in other communications related to the mission of the Inner-City Neighborhood Art House. **Yes** _____ **No** _____

Students that will be attending the Inner-City Neighborhood Art House are:

1. Name _____ Ethnicity _____ Gender _____ Age ___ by Sep. 17, 2024
 Birth Date _____ Child lives with: Guardian 1 _____ Guardian 2 _____ Guardian 3 _____
 School Attending _____ Grade _____ IEP _____

2. Name _____ Ethnicity _____ Gender _____ Age ___ by Sep. 17, 2024
 Birth Date _____ Child lives with: Guardian 1 _____ Guardian 2 _____ Guardian 3 _____
 School Attending _____ Grade _____ IEP _____

3. Name _____ Ethnicity _____ Gender _____ Age ___ by Sep. 17, 2024
 Birth Date _____ Child lives with: Guardian 1 _____ Guardian 2 _____ Guardian 3 _____
 School Attending _____ Grade _____ IEP _____

4. Name _____ Ethnicity _____ Gender _____ Age ___ by Sep. 17, 2024
 Birth Date _____ Child lives with: Guardian 1 _____ Guardian 2 _____ Guardian 3 _____
 School Attending _____ Grade _____ IEP _____

If you have more than one child with this information, please list on a separate sheet.

Children's Allergies or Food Restrictions _____

Any Physical Restrictions or Medical Particulars (Example: Daily Medications, etc.) _____

EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED:

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

****Parent/Guardian Signature** _____ **Date** _____

Please fill out both sides

THE INNER-CITY NEIGHBORHOOD ART HOUSE PARTICIPATION AGREEMENT

I, the parent/legal guardian of my child (also known as registrant/s), a minor, agree to my child's participation in the Inner-City Neighborhood Art House. It is understood that participation in such activities has an inherent risk of injury to the registrant. I, for myself, family members and the registrant, release and hold harmless the Neighborhood Art House, its employees and volunteers from any and all liability for injury to the registrant arising from participation in the Neighborhood Art House programs, and/or being transported to or from the same, which transportation I hereby authorize.

**** Parent/Guardian Signature _____ Date _____**

I give my full consent to the Inner-City Neighborhood Art House and any medical professionals to administer whatever emergency medical treatment is deemed necessary for the registrant/s in the event of an unforeseen injury or illness. I acknowledge that my son/daughter has no known allergies or medical conditions except as noted below (If none, state NONE):

INSURANCE

I confirm that the registrant is covered by a personal or family medical insurance including hospitalization:

Doctor's Name _____ Phone _____

Medical Insurer _____ Group _____ Policy # _____

Hospital Preference _____

****Parent/Guardian Signature _____ Date _____**

Parent/Guardian's Permission Regarding Emergency Medical Care

Student/s Name/s _____

I, the undersigned parent/legal guardian, do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care or aid to my child (also known as registrant), (child(ren) name) _____, in connection with the Inner-City Neighborhood Art House program. I am aware any and all costs associated with said care are my responsibility.

****Parent/Guardian Signature _____ Date _____**

Note: Does/Do the registrant/s have any mental or physical condition/s that might require special attention? Yes _____ No _____

If Yes, please explain: _____

I, the undersigned parent/legal guardian, have read and understand all of the above. Subject to the above, I agree to the registrant/s participation in Inner-City Neighborhood Art House activities for the period from January 17, 2024 until December 31, 2024

****Parent/Guardian Signature _____ Date _____**

Have you or any member of your family ever attended the Art House? ____ Yes ____ No (excluding your children)

Please fill out both sides