



### Minor Child Programming Registration

<b>Child's Name:</b>			Date of Birth
<b>Parent/Guardian's Name:</b>	Cell Phone:	Home Phone:	Work Phone:
	Email:		
	Relationship:		
<b>Primary Emergency Contact's Name:</b>	Cell Phone:	Home Phone:	Work Phone:
	Email:		
	Relationship:		
<b>Secondary Emergency Contact's Name:</b>	Cell Phone:	Home Phone:	Work Phone:
	Email:		
	Relationship:		
<b>Alternative parent/guardian pickup</b>	Name:	Name:	
	Phone Number:	Phone Number:	
	Relationship:	Relationship:	
<b>Physician's Name:</b>	Physician's Phone Number:		
<b>List environmental allergies or health issues that we should be aware of</b>			



<p><b>List medication that needs to be administered</b></p> <p><b>(i.e. epipen, asthma inhaler, allergy medication, etc.)</b></p>	<p>Medication Name: _____ Purpose: _____</p> <p>Does Mesa Arts Center have your permission to administer this medication if needed?</p> <p>Yes _____ No, do not administer medicine. _____</p>
<p><b>List food allergies and severity</b></p>	
<p><b>Other information we should know?</b></p>	

I understand that either myself or a parent/guardian listed on the registration form will check-in and check-out my child to every class. I understand that valid photo identification of the registered parent/guardian is required to be presented Mesa Arts Center staff for youth check-out. The above language does not apply if I have completed and have on file with the Mesa Arts Center the Independent Check-In and Out Authorization form for a minor child aged 13 and above.

I certify that all the information written above is correct, and I agree to notify Mesa Arts Center staff if there are any changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name