

Christian Arts Academy 2017 Registration

Name _____

Birthdate _____ Grade _____ in 2017-2018

Parent or guardian(s) _____

Email _____

Primary phone # _____

Secondary phone # _____

Mailing Address _____

Special needs, allergies or other considerations of which we should be aware:

Students ages 7-15 should rank the arts classes in order of preference 1-6. Please note age restrictions.

___ *Mosaics

___ Prints and Paints

___ *Photography

___ *Drama

___ Dance

___ *Music

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT FOR MINORS

If the undersigned parent/guardian of _____ cannot be contacted through reasonable efforts, I/we do hereby empower and grant to: **Ivy Creek United Methodist Church, 674 Woodlands Road, Charlottesville, VA 22901/ 434.973.4793** the right to consent permission of any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or Hospital Care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the Commonwealth of Virginia, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

This authorization shall be valid for the period of time commencing on Monday, July 31st, 2017 at 5:30 PM and ending on Thursday, August 3rd, 2017 at 8:30 PM.

PARENT/GUARDIAN

DATE

WITNESS

DATE

EMERGENCY INFORMATION:

Parent/Guardian emergency phone number: _____

Dr./Pediatrician's name: _____ Phone _____

Preferred Hospital: _____

Any known drug allergies: _____

Medicines child is taking: _____

Insurance Company: _____

POLICY#: _____

*Please mail this registration form to:
Ivy Creek UMC, 674 Woodlands Rd, Charlottesville, VA 22901
or email to:*