

Christian Arts Academy 2018 Registration

Name _____

Birthdate _____ Grade _____ in 2018-2019

T-Shirt size _____ Please state youth or adult size

Parent or guardian(s) _____

E-mail _____

Best phone# _____ Secondary phone# _____

Mailing address _____

Parent volunteer- Call me! _____

Do you attend church? _____

Where? _____

We ___ will or ___ will not be there for Friday closing and party.

Rising 2nd-8th graders should rank the arts classes in order of preference 1-6. Please note age restrictions. Rising K and 1st grade will have preselected crafts.

___ Weaving* ___ Photography*(10+)

___ Puppetry* ___ Cake Decorating*(10+)

___ Arts & Crafts ___ Cookie Decorating(7-9)

___ Carpentry*(7-9) ___ Carpentry*(10+)

___ Joyful Noise Band ___ Stained Glass*(12+)

___ Fairy Gardens*

**Week-long project. Choose only if you will be present every day.*

Every effort will be made to accommodate your class request but some of the classes have limited class size.

Office use only

Received by _____ Date _____

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 30st, 2018 at 5:30 PM and ending on Friday, August 3rd, 2018 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/food allergies: _____

Medicines child is taking: _____

Special needs or dietary restrictions: _____

Insurance Company: _____

POLICY#: _____

Please return this registration form by July 16th to:
Ivy Creek UMC, 674 Woodlands Rd, Charlottesville, VA 22901
or email by July 16th to:
ivycreekumc@gmail.com

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