SUMMER 2024 YOUTH Arts Technology Program for ages 7-17

SUMMER 2024

YOUTH ARTS TECHNOLOGY PROGRAM

Parent/Guardian & Sign-Out Information for In-Person Classes

PLEASE PRINT

Child's Name:					
Parent/Guardian'	s Name:				
Relationship to Cl	nild:				
Cell/Home #:		Emergency #	_ Emergency # (required):		
Email Address:					
Which session and	class time is your	child attending (ple	ease check all that appl	y):	
Dates	9:30-2:00 pm	9:30-11:30 am	12:00 noon-2:00 pm	2:30-4:30 pm	
Session I July 8-18					
Session II July 22-August 1					
Please designate	the child's dismis	ssal arrangements	s:		
☐ Wait i	n building to be	signed out by pick	k-up person		
☐ Sign o	ut independently	y with a staff mer	nber		
	uired). In case of	f an emergency pi	e down his/her name ick-up, please send a s		
Pick-up Person's r	name:				
Relationship to Cl	nild:				
Parent/Guardian'	s Signature:				
Date:					