



YOUTH PHOTOGRAPHY AND PRINTING WORKSHOP REGISTRATION

Name _____ Age _____
D.O.B. ____ / ____ / _____ Grade in Sept. 2010 _____ School _____
Email _____ Cell _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Other Phone _____

Parent #1 Contact Info

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Other Phone _____

Parent #2 Contact Info

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Other Phone _____

Emergency Contact Info

Name _____ Relationship _____
Phone _____ Cell _____ Other Phone _____

Is the student authorized to leave alone? YES _____ NO _____, If No, please list the names of all persons (other than parent's) authorized to pick the student up from the program locations _____

Does the student have any medical conditions that may be affected by their participation in the photography and printmaking workshops? Please describe _____

The undersigned agree that all information above is correct and understand that they are registering to participate in the summer 2010 Photography and Printing Workshop @ Children's Art Carnival and Harlem Textile Works.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Please return this form to The Children's Art Carnival, 62 Hamilton Terrace, NY, NY 10031 or FAX to 212-234-4011, phone: 212-234-4093, EMAIL: Info@children'sartcarnival.org, (www.children'sartcarnival.org)