

Enrollment Form

Child's Name _____

DOB _____ School _____

Guardian 1: Name _____

Address _____ City _____ ZIP _____

E-Mail Address _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Guardian 2: Name _____

Address (if different) _____ City _____ ZIP _____

E-Mail Address _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Caregiver: Name _____ Cell Phone _____

Wyatt, age 7

First Choice Class _____**Second Choice Class** _____

Tuition \$ _____ + Tax-Deductible Donation \$ _____

Total Enclosed = \$ _____**Payment:** Check (Payable to SFCAC) Visa Mastercard

Card No. _____

Exp. Date ____/____/____ CVU No. _____ (last 3 digits on back of card)

Name on Card _____

Cardholder Signature _____

*We do not keep credit card information on file.***How did you learn about us?** Word-of-mouth Web Site (which one?) _____ Publication (which one?) _____ Attended Birthday Party Other: _____**EMERGENCY CARE INFORMATION**

Allergies / Medical Information _____

Emergency Contact _____

Home Phone _____

Cell Phone _____

In an emergency, the staff of the San Francisco Children's Art Center has my permission to take my child for treatment in a hospital emergency room.

Signature _____

Date _____

PUBLICITY RELEASE

The staff of the San Francisco Children's Art Center has my permission to photograph my child for publicity via the SFCAC newsletter, brochures, or posters, as well as newspapers, magazines, television, and our website.

Signature _____

Date _____

Mail: SFCAC | Fort Mason Center, Bldg C | San Francisco, CA 94123**Phone/FAX:** (415) 771-0292 | sfcac@childrensartcenter.org | www.childrensartcenter.org