



**Urban Arts Academy**  
*arts celebrating our neighborhood's rich cultural roots*

## Preschool Arts 2010-2011 Registration Ages 3 to 5

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M F

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Number

Authorized Persons to Pick Up or Drop Off My Child(ren):

\_\_\_\_\_  
My child has the following medical condition(s) (Include Allergies):

### Session Preferences (check all days requested)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning Only</b> 9am-12:30pm					
<b>Afternoon Only</b> 1pm-4:30pm					
<b>Full Day</b> 9am-4:30pm					

**Consent to act in an Emergency:** I give my permission to Urban Arts Academy and/or appropriate medical facility to take necessary emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of The Urban Arts Academy. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, guardian and/or physician. Further, I hereby release and agree to hold harmless and to indemnify Urban Arts Academy, its staff and volunteers, from any claims, losses or expenses incurred. Speaking as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in activities at The Urban Arts Academy.

**Consent to Photograph and Media Release:** I understand that my child's photograph or video may be taken during instruction, special events, and performances. I hereby grant permission to Urban Arts Academy to use my child's photograph or likeness in any publicity or promotional publications. (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Registration to: 3901 Chicago Ave. South Minneapolis MN 55407

Fax: (612)629-9498 Email: [info@urbanartsacademy.org](mailto:info@urbanartsacademy.org)

**\$25 non-refundable registration fee due at time of registration to secure enrollment**

STUDENTS MUST BE POTTY-TRAINED. OUR CLASSROOM IS A PEANUT-FREE ZONE.

1 MONTH'S NOTICE IS REQUIRED TO CANCEL OR CHANGE SCHEDULE.

Questions? (612)827-1641

FOR OFFICE USE ONLY
Date Received _____
Date Processed _____