

Session: _____

Village Center for the Arts

A Non Profit Fine Arts Center

Student Registration Form

How did you hear about VCA? _____

Class/ Activity: _____

Today's Date _____

Start Date: _____

STUDENT INFORMATION:

Name: _____

Age: _____ Check if Adult

Street Address: _____

Town: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

(Please Write Clearly)

Student Lives with: Spouse, SO, Mom, Dad, Sister(s), Brother(s)
(circle all that apply)

School (if applicable): _____

Allergies and Health Issues: _____

PARENT/GUARDIAN INFORMATION:

Mother: _____

Cell Phone: _____

Daytime Ph: _____

E-mail: _____

Father: _____

Cell Phone: _____

Daytime Ph: _____

E-mail: _____

Other Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Doctor: _____

Phone: _____

Please call with any questions. **860-354-4318**

In the event of an emergency and I cannot be reached, I hereby give my permission for the Village Center Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid. I give permission and understand that Village Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, LLC, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

SIGNED _____ DATE _____

Make Checks Payable to:
Village Center for the Arts
12 Main Street
New Milford, CT 06776