



2023 Fine Arts Program Registration Form

Thank you for your interest in our art program. Please complete the following form in full after reviewing our ACF Program Policies (provided separately). Upon completion, please sign and return to our office.

PART 1 | STUDENT INFORMATION

STUDENT'S FULL NAME _____ DATE OF BIRTH _____ M F

STREET ADDRESS _____ APT/UNIT _____

CITY/TOWN _____ IL _____ ZIP CODE _____

CURRENT GRADE _____ PLEASE SELECT T-SHIRT SIZE: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large XL

Please list any medical information that needs to be on file, including allergies: _____

Has your child studied art in school (as an elective or special course): Yes No

Please select the number of years your child has participated in any art program outside of their traditional schooling:

0 1 2 3 4 5 6+

If your child has formally studied art in the past, please indicate where: _____

PART 2 | PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FULL NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE INDICATE YOUR PREFERRED METHOD OF CONTACT: By phone By email

PART 3 | EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME

PHONE NUMBER

RELATIONSHIP

EMERGENCY CONTACT NAME

PHONE NUMBER

RELATIONSHIP

PART 4 | PARENT SIGNATURE

I, the undersigned parent/guardian of _____ (said minor), acknowledge that I have received, read, understand, and agree to abide by all ACF student registration and attendance policies and procedures. I give permission for said minor to participate in the ACF Art program. I understand that by signing this authorization, I will not hold ACF liable for any injuries incurred while participating in program activities in which I have enrolled said minor. I understand that ACF is not responsible for any payments incurred due to medical care for said injuries.

PLEASE PRINT NAME

PARENT SIGNATURE

DATE SIGNED