

**Mattie Rhodes Art Center
Registration Form for Classes & Workshops**

Name of child/children: (use separate line for each child registered)

1. _____ School child attends _____

2. _____ School child attends _____

3. _____ School child attends _____

Birth date: (please include birth date and age for each additional child)

1. _____

2. _____

3. _____

Please list any allergies, special needs, or medications for child:

1. _____

2. _____

3. _____

Parent's Information:

Parent /Guardian: _____ Phone number: _____

Parent /Guardian: _____ Phone number: _____

Address: _____ City: _____

State: _____ Zip: _____

Email Address: _____

Emergency contact: _____ Relationship to child: _____

Authorized Pick up: We will not allow children to leave the Art Center with out prior authorization.

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Class Information:

Class Name, Session & date: _____

Class Name, Session & date: _____

Class Name, Session & date: _____

Total Amount paid: _____ Date of Registration: _____

**Payment by credit card can be made by calling the Art Center.*

Please Read and Sign:

I hereby grant the Mattie Rhodes Center my permission to take whatever actions they may consider necessary to safeguard my child's health and safety. I authorize the Mattie Rhodes Center, if necessary, to secure medical treatment and service in a local hospital, at my own expense without further consent. I understand that by enrolling my child in class I give Mattie Rhodes permission to use any photographs of my child or their art work to promote MRC. No names will be used unless permission is received.

Parent/Guardian Signature _____ Date _____

**Must enroll two weeks prior to first class – please fill out registration form and send to:
Mattie Rhodes Art Center Attn: Jenny Mendez 915 w. 17th Street KCMO 64108**