

## Sevier Middle School Art Camp 2019

9am- 12pm

| Student Name:                                   |                     | AGE:                                |
|---|---------------------|-------------------------------------|
|   |                     | 5.                                  |
| Parent / Gu                                     | ardian Information  |                                     |
|   |                     |                                     |
| Name:   |                     | Phone:                              |
|   |                     |                                     |
| Address:  |                     |                                     |
|   |                     | Phone:                              |
| Email:  |                     |                                     |
|   |                     |                                     |
| F-12-2-12-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-        | Santaat Information |                                     |
| Emergency C                                     | Contact Information |                                     |
| Name:   |                     |                                     |
| ivaille.  |                     |                                     |
|   |                     | Relationship to student:            |
| Phone:  |                     | Relationship to student.            |
| l none.   |                     |                                     |
|   |                     |                                     |
| Name:   |                     |                                     |
|   |                     |                                     |
|   |                     | Relationship to student:            |
| Phone:  |                     |                                     |
|   |                     |                                     |
|   |                     |                                     |
| Tran  | sportation          |                                     |
|   |                     |                                     |
| Please tell us how your student will be getting |                     | ny health issues we should be aware |
| home on camp days.                              | <u> </u>            | of concerning your child?           |
|   |                     |                                     |
|   |                     |                                     |
|   |                     | Calcad Has Coll                     |
| Clark Circular                                  | Data                | School Use Only                     |
| Student Signature                               | Date                |                                     |
|   |                     | Registration Paid                   |
| Doront Cignoture                                | Date                |                                     |
| Parent Signature                                | Date                |                                     |