

EMERGENCY CONTACT AND MEDICAL INFORMATION

2011-2012



362 N Martin Luther King Blvd.
Lexington, KY 40508.

We want your child to have a happy and enriching experience while attending classes here.

Please provide us with any information that you feel might assist us in attaining this goal.

This information is considered confidential and will only be shared with staff members involved with your child. If information changes, please let us know.

Please print legibly

Child's name _____ Age ____ Grade completed _____

Please list all classes enrolled in by number:

#____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____. #____.

Parent's Names _____

Home phone _____ Work phone _____

Cell phone _____ (Please indicate the owner of each number).

E-Mail: _____

Who will normally provide transportation? _____

If we cannot reach you at any of the above numbers then we will call:

Emergency contact: Name _____ Phone _____

Relationship: _____

1. *What are your expectations for your child's class experiences at the LASC?*

2. *Please list allergies as well as all medical, physical, emotional and social concerns.*

3. *Any other concerns or suggestions for those working with your child??*

I give permission for the Living Arts & Science Center or those designated by the LASC to collect and use the likeness, photograph, voice, written word, artwork or direct quotes of the above named child. Such documentation may be used on the LASC Web site, in promotional materials, the newspaper or other such materials. I release the Living Arts & Science Center from any liability or responsibility for this use.

Signature _____ Date _____

I have read, understand and agree to adhere to the enclosed guidelines and policies also found in *Imagine That* and on our Web site.

Signature _____ Date _____

Return this form either by mail or to the teacher on the first day of class. Thank you!