**PS58 WALKOVER REGISTRATION FORM 2018-19**

Student(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Walkover Day(s)**

**Please Check**

Thursday / Atlantic Ave location \_\_\_\_\_\_\_\_\_ Friday / Union St. Location\_\_\_\_\_\_\_\_\_

Creative Arts Class #1

Class Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creative Arts Class #2

Class Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creative Arts Class #4

Class Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creative Arts Class #3

Class Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[continued]

**pick up information**

Teacher / Classroom #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dismissal Location (please check):

Top of Form

Playground  Classroom Cafeteria

Dismissal Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby waives and releases Sherri Hellman from all claims as to any and all injuries that my child may incur or sustain under the care and supervision of Creative Arts Studio.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[continued]

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