

# Village Center for the Arts

A Nonprofit Community Fine Art Center

## UNEXPECTED ARTIST FORM

Sponsored in part by



WHO WILL PICK UP THE CHILD: \_\_\_\_\_ WHAT TIME: \_\_\_\_\_

SCHOOL: (Check One) NES HPE SNIS SMS NMHS Other TEACHER: \_\_\_\_\_

OTHER: WRITE OUT FULL NAME OF SCHOOL \_\_\_\_\_

PROJECT: \_\_\_\_\_ PROJECT DUE DATE: \_\_\_\_\_

Will student arrive by NMPS bus: (check one) yes no What bus # \_\_\_\_\_ (if you know)

### Student Information

Please write clearly

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

Age: \_\_\_\_\_ Check if Adult Gender: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

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

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Landline  
phone: \_\_\_\_\_

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

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

Are there allergies or learning/behavioral issues we should know about in  
order to keep your child safe: \_\_\_\_\_

Additional information - please use back of form

### Parent Guardian information

Please list Guardian's: Parent, Step Parent, etc. Please use the back  
of form to specify any restrictions: \_\_\_\_\_

#1 - Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

#2 - Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

### Emergency Contact

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

Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

If you need an interpreter, please write in advance.

In the event of an emergency, and I cannot be reached, I hereby give my permission for the Village Center Instructor or their staff to obtain treatment for my child. I hereby authorize any healthcare provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMT's and by staff trained in first aid. I give permission and understand that Studio instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, Village Center for the Arts, Inc., its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child and/or treatment arising from my child's participation.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Village Center for the Arts to record on video tape, photograph, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

**This is a *totally free* initiative, but if you would like to donate money to help support this program and give back, we always prefer Cash or Check if possible. Thank you for your generosity!** Make Checks Payable to: "VCA", 12 Main Street, New Milford, CT 06776.

Please call with any questions: 860.354.4318

visit our social media sites!

