

# Start With Art



St. Mary's Episcopal Church  
165 Ponquogue Ave. (mail to: PO BOX 782)  
Hampton Bays, NY 11946  
office: 631-728-0567  
email: info@StartWithArtKids.com  
website: www.StartWithArtKids.com

**Nursery School**  
& Creative Learning Studio

## Registration Form 2010-2011 School Year

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Mother's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Father's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact's Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

\_\_\_\_\_ **Toddlers Fun Time**

Please circle the day(s) your child will attend.

Tuesday

Thursday

\_\_\_\_\_ **Nursery School**

Please circle the day(s) your child will attend.

Monday

Wednesday

Friday

\_\_\_\_\_ **Create & Play**

Please circle the day(s) your child will attend.

Monday

Wednesday

Friday

Please note: A signed copy of the financial agreement and a copy of your child's immunization records must be received before they can attend Start with Art.

Please describe any allergies or medical conditions that your child suffers from:

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*I, the legal guardian of the above named applicant to the Start With Art Creative Learning Studio & Nursery School hereby give my approval to this participation in all recreational activities sponsored by the Start With Art Creative Learning Studio & Nursery School. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless Start With Art Creative Learning Studio & Nursery School, the organizers, sponsors, supervisors, and all participants for any claims arising out of injury to my child, whether the result of negligence or for any other cause accept to the extent and in the amount covered by accidental or liability insurance.*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_