Mariah Art School

1403 Garfield Ave NW Olympia, WA 98502
(360) 357-9188 FAX (360) 352-3673

ENROLLMENT FORM

Today's Date: / /

Student Name:	**Birthdate:** / /	**Age:**
(Last) (First) (Middle)		
Address	**Home Phone:**	
City **Zip**	**Current School:**	

Parent/Guardian	**Email:**	
Address (if different)		
Home #	**Work #**	**Cell #**
Parent/Guardian	**Email:**	
Address (if different)		
Home #	**Work #**	**Cell #**

Student resides with: xMother & Father xMother Only xFather Only xGrandparent xLegal Guardian

Initial <--INITIAL if we have your permission to include your child's name, address and phone number in a phone list to be shared with classmates.

EMERGENCY CONTACT INFORMATION

Emergency Contact / Pickup Person	**Relationship:**	
Address	**Daytime #**	**Cell #**
Emergency Contact / Pickup Person	**Relationship:**	
Address	**Daytime #**	**Cell #**

MEDICAL INFORMATION

Doctor:	**Phone:**	**ALLERGIES:**
Date of Last Medical Exam: / /		
Dentist:	**Phone:**	
Preferred Hospital Name:		**MEDICAL CONDITIONS:**
Insurance:	**Policy #:**	

Medical Release and Authorization

In case of an emergency, parents will be contacted, if at all possible. Mariah Art School and Staff have permission to act as guardian in a medical emergency/surgery decision and may give permission for recommended medical treatment on my/our behalf. Mariah Art School and Staff will not be held responsible for medical treatment or costs for medical treatment.

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**