



Wickford Art Association

36 Beach Street, Wickford, Rhode Island 02852
401.294.6840 www.wickfordart.org

Children’s Registration Form

Name of Child (first & last) _____

Parent / Guardian Name (first & last) _____

Relationship to child _____

Home Address _____

Parent Cell _____

Is this the best phone # to reach you at while class/camp is in session? Yes or No

If not please provide another phone # _____

Parent Email _____

Child’s Age _____

Allergies and or Medical Conditions that WAA should be aware of. Please be specific:

Emergency Contact - Name, phone number and relationship to child: _____

Photo Consent – I will allow WAA to photograph my child to use in Marketing and Social Media postings yes _____ no _____

Parent Signature _____

Date _____