



Kids Registration Form

All supplies are included in the tuition unless otherwise stated.

Student name _____ Age _____

Class/Date _____ Cost _____ Birth date _____

Address _____

City/State/Zip _____

Home phone _____ Work/Cell _____

Email _____

Emergency Contact _____ Phone _____

Does this person have permission to pick up student? ____yes ____ no

Often, we will take photos of classroom students working with teachers or use student work for advertising or marketing purposes. We use them without compensation to the student or families. GLCAC/PCAC has permission to use photo images of my child or their artwork for advertising or marketing purposes.

____ yes ____ no

I have read and understand the enrollment policies and classroom policies. I give permission to see that my child receives medical attention in an emergency.

Parent Signature _____ Date _____

Return in person or by mail to: 209 W. Madison St. Pontiac, IL 61764

Office use only:

Date: _____ Amount: _____

For: _____ Method: Cash ____ Check ____ Credit Card ____