



Registration and Emergency Contact Info

Thank you for joining us in ArtistsDRIVEN!

Class Title: ArtistsDRIVEN!

Student Name: _____

Student phone number: _____ Student email: _____

School student attends: _____ Student grade level: _____

Parent/Guardian phone number: _____ Guardian email: _____

Address/City/State/Zip: _____

Emergency Contact #1: _____ Phone number: _____

Are there any food allergies or other knowledge we should have about the participating student:

PUT A YES OR NO FOR EACH QUESTION BELOW:

_____ Is your family a current member of the Norfolk Arts Center?

_____ Have you/your family participated in Norfolk Arts Center events/classes before?

_____ Has your student ever been in the Norfolk Arts Center Building prior to this program?

_____ Is your student currently enrolled in an art class at school or outside of school other than this program?

_____ Is your student interested in pursuing art after high school?

Student's Name _____

Student Signature _____

Parent/Guardian Signature _____ Date _____