

# Poker Hill Arts

## After School Registration

Student Name(s): \_\_\_\_\_  
(Siblings can be on one form)

Day requested: \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

Parent(s): \_\_\_\_\_

Phone #'s: \_\_\_\_\_

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

E-mail(s): \_\_\_\_\_

Additional Emergency contact(s): \_\_\_\_\_

Additional persons authorized to pick up: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ (print parent or guardian name)

give permission for my children: \_\_\_\_\_

to participate in supervised "swim" (wading in our shallow brook) and all other outdoor activities at Poker Hill Arts. In addition, if an emergency arises, I give permission to Poker Hill Arts staff to seek medical attention for my children:

Parent or Guardian Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Make checks payable to Chris Gluck and mail with this form to:**

Chris Gluck, 15 Poker Hill Road, Underhill, VT 05489 phone: 310-5562