

New Artist Registration



Please print in INK only or type:

Child's name _____ Child's Age _____

Parent(s) name(s) _____ Email _____

Address _____

Home Phone _____ Work phone _____ Cell/other Phone _____

Child's disability (physical AND/OR cognitive) _____

Parents are encouraged to participate in the art projects with their child. Will you be able to attend? (circle) YES NO

Which class will your child attend? (circle): K-2nd grade 3rd -6th grade

UCP Creative Foundations has the following Thursdays reserved at the Live Oak Community Center, 1301 Shattuck Ave) from (3:30-4:30) for K-2 (4:45-5:45) for 3rd to 6th

7/14, 7/21, 8/4, 8/18, 9/1, 9/15, 9/29, 10/13, 10/27, 11/10, 12/1, 12/15

Note: Thanksgiving is 11/24 (all classes cancelled this week)

Please tell us all dates your child will not be attending (vacation etc...)

Parent/Guardian Consent for Medical treatment: I hereby authorize the Administrators of UCP Creative Foundations to act according to their best judgment in an emergency requiring medical attention and hereby waive and release UCP Creative Foundations and the Live Oak Community Center from any and all liability from injuries or incidents while in my child's art class.

Parent/Guardian signature _____ Date _____

Please return this form to: 1970 Broadway St, Suite 115 Oakland, Ca 94612

or by email to cfprogmngr@ucpgg.org Registration costs \$25. Checks can be made to: UCPGG (Creative Foundations)