



# The Jacey Gallery

## Registration Form

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child be walking from school? \_\_\_\_\_ Walking home after class? \_\_\_\_\_

How did you find out about The Jacey Gallery? \_\_\_\_\_

\*Is there anything important that I need to know about you/your child? \_\_\_\_\_

\*If yes, please explain: \_\_\_\_\_