

# Eastern Shore Art Center Children's Academy Information Form

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents'/Guardians' Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

C/S/Z \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell (Parent 1): \_\_\_\_\_

Cell(Parent 2) \_\_\_\_\_

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

If anyone other than the parents/guardians listed above will be picking up your child, please list them with their phone numbers (home & cell) below. *Only people on the list will be allowed to pick up your child without written prior permission.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo release.(From time to time, we take photos of our classes for use on our website and other publicity.)

Parents/Guardians Signature \_\_\_\_\_ date \_\_\_\_\_

**Return form prior to your child's first class to  
Eastern Shore Art Center  
401 Oak Street  
Fairhope, Al 36532  
251-928-2228  
Fax 251-928-5188  
suzan@esartcenter.com**