

**STUDENT INFORMATION FORM**

Student's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

**EMERGENCY INFORMATION (Other than Above)**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**CHILD'S HEALTH/MEDICAL INFORMATION**

Medical Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Child's Physician/Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (including medications): \_\_\_\_\_

Disabilities (if any): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Other Needs/Restrictions: \_\_\_\_\_

By completing and signing this form, I hereby give my consent to Mustard Seed Arts Academy to obtain emergency medical care for my child and administer minor first aid procedures. I hereby release and hold harmless The Spark Center LLC dba Mustard Seed Arts Academy, its employees, volunteers, and its agents from any and all liability for any and all harm arising as a result of participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_