

# STUDENT EMERGENCY CONTACT INFORMATION

CHILD'S NAME \_\_\_\_\_  
FIRST LAST

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**PARENT/GUARDIAN #1** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMERGENCY/CELL PHONE \_\_\_\_\_

(if different than above)

EMAIL \_\_\_\_\_

**PARENT/GUARDIAN #2** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMERGENCY/CELL PHONE \_\_\_\_\_

(if different than above)

EMAIL \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** *If parent cannot be reached during class time please contact:*

1. \_\_\_\_\_  
NAME RELATIONSHIP  
TELEPHONE # \_\_\_\_\_

2. \_\_\_\_\_  
NAME RELATIONSHIP  
TELEPHONE # \_\_\_\_\_

*If your child has allergies or health issues, or if there is anything you would like us to know about your child, please check here and attach to this registration form.*

**ALLERGY:** \_\_\_\_\_

**Drop-off and Pick-up Procedure:** The Danforth Museum of Art requires guardians to accompany children under age 14 to and from the classroom on the second floor. Enter the building from the Lexington St. or Pearl St. doors, or use the Pearl St. elevator (red door). Wheel throwing and photo classes enter through Pearl St. doors only. Use caution on the stairs and in the parking lot.

**PLEASE NOTIFY** the school if parent/guardian is going to be late, or if child will not be coming to class. There is a charge for late pick-ups (508.620.0937). **PLEASE NOTIFY** your child's teacher **IN WRITING** if a different party is picking up your child.

**Snack or Lunches:** The Danforth requests that students NOT have snacks or lunches containing peanuts or other nuts.

**Photographs:** The Danforth Museum of Art may make, use, publish and reproduce photographs of students for its record or public relations efforts. Names are not published. Parents/Guardians must write a signed letter to the Director of Education stating limitations or refusal in order for student to not be photographed.

**Emergencies:** The Danforth Museum School will call 911 in the event of a serious medical emergency.

**I have read, understand and accept the Danforth Museum of Art policies.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Parent/Guardian signature