

Emergency Contact Information

Name _____ Phone _____

Child Registration: Please provide proof of age for preschool/kindergarten (copy of birth certificate or passport). Indicate your preferred session in the boxes below.

PRESCHOOL/KINDERGARTEN: 9:00-10:00 A.M. _____ 10:30-11:30 A.M. _____
If your preferred session time is filled, may we automatically enroll your child in the other session? yes _____ no _____

CHILD'S NAME: _____
CHILD'S AGE: _____ GRADES 1, 2, 3: 9:00-10:00 A.M. _____ 10:30-11:30 A.M. _____

If your preferred session time is filled, may we automatically enroll your child in the other session? yes _____ no _____

CHILD'S NAME: _____
CHILD'S AGE: _____ GRADES 4, 5, 6: 9:00-10:00 A.M. _____ 10:30-11:30 A.M. _____

If your preferred session time is filled, may we automatically enroll your child in the other session? yes _____ no _____

CHILD'S NAME: _____
CHILD'S AGE: _____

Total Number of children enrolled: _____
Total Payment Due: _____
Enclosed Payment in Full: _____ Check \$ _____ Cash \$ _____
Signature: _____

Goals...

- To provide students with a well-rounded education in the visual arts.
- To communicate the value and importance of community in the high school environment.
- To provide young students exposure to a professional and educational domain.
- To give high school students the opportunity to pass along their own acquired skills and talents.
- To exhibit the wonderful talents of the world's future artists.
- To have fun!



Summer 2009 Streamwood H.S. Art Enrichment Program

