



Enrollment Form

See opposite page for enrollment policies.

Child's Name _____ **DOB** _____

School: _____

Parent/Guardian 1: _____

Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Employer _____ Wk Phone _____

Parent/Guardian 2: _____

Address (if different) _____

Home Phone _____ Cell Phone _____

Employer _____ Wk Phone _____

Caregiver: _____

Cell Phone _____

How did you learn about us?

- Word-of-mouth
- Web Site (which one?) _____
- SFCAC Postcard
- Attended Birthday Party
- Other: _____

First Choice Class _____

Second Choice Class _____

Tuition \$ _____ + **Tax-Deductible Donation** \$ _____ = **TOTAL** \$ _____

Payment: Check (Payable to SFCAC) Visa Mastercard
Card No. _____

Exp. Date ___/___ CVU No. _____ (last 3 digits on back of card)

Name on Card _____

Cardholder Signature _____

We do not keep credit card information on file.

EMERGENCY CARE INFORMATION

Allergies _____

Emergency Contact _____

Home Phone _____ Cell Phone _____

In an emergency, the staff of the San Francisco Children's Art Center has my permission to take my child for treatment in a hospital emergency room.

Signature _____ Date _____

PUBLICITY RELEASE

The staff of the San Francisco Children's Art Center has my permission to photograph my child for publicity via the SFCAC newsletter, e-news, brochures, or posters, as well as newspapers, magazines, television, and our website.

Signature _____ Date _____

Mail: SFCAC | Fort Mason Center | 2 Marina Blvd. Bldg C | San Francisco, CA 94123

Phone: (415) 771-0292 **Email:** sfcac@childrensartcenter.org