

Julie Berkowitz Ceramics

Class Registration/Contact Form for drop-off classes

Student Name: _____

Classes or Event Registering for: _____

In case of emergency, it is understood that the student is in good physical and mental health. Special health consideration should be indicated below on this form and acceptance is at the discretion of Julie Berkowitz Ceramics. I understand that every effort will be made to contact parents or guardians of students. In the event that I cannot be reached, I hereby give permission to the physician selected by Julie Berkowitz Ceramics to hospitalize, secure treatment for and to order injection, anesthesia or surgery for student as named herein. In signing this form, I hereby certify that this information is correct.

Parent/Guardian Signature _____

Date _____

Student _____ E-mail _____

Address _____

Parent/Guardian Name (print): _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Parent/Guardian Name (print): _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Emergency Contacts: These are people who we are authorized to call in case of an emergency when you are unreachable, and who are also authorized to pick up your child.

Name: _____ Phone: _____

Name: _____ Phone: _____