



# Santa Barbara Creative Education

Academics, Music, Art, Theater, Entrepreneurship

\_\_\_\_\_ Participant 1 Name \_\_\_\_ Age

\_\_\_\_\_ Participant 2 Name \_\_\_\_ Age

\_\_\_\_\_ Participant 3 Name \_\_\_\_ Age

\_\_\_\_\_ Participant 4 Name \_\_\_\_ Age

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Food/Food Products not allowed: \_\_\_\_\_

Medications Required: \_\_\_\_\_

Dose: \_\_\_\_\_

Schedule: \_\_\_\_\_

Doctor Note on File: \_\_\_\_\_

Special Needs/Notes: \_\_\_\_\_

## Other People Approved for Pickup:

Approved for Pick up: \_\_\_\_\_ P/G Initials: \_\_\_\_

Approved for Pick up: \_\_\_\_\_ P/G Initials: \_\_\_\_

Approved for Pick up: \_\_\_\_\_ P/G Initials: \_\_\_\_

Approved for Pick up: \_\_\_\_\_ P/G Initials: \_\_\_\_

Approved for Pick up: \_\_\_\_\_ P/G Initials: \_\_\_\_

I (We) Do hereby agree and contract to register the following:

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Child #1 Full Name

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Child #2 Full Name

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Child #3 Full Name

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Child #4 Full Name

With the D'Arezzo Center sponsoring Santa Barbara Creative Education Summer Program 2024 (check the week(s) below:

- \_\_\_ June 17-21
- \_\_\_ June 24-28
- \_\_\_ July 8-12
- \_\_\_ July 15-19
- \_\_\_ July 22-26
- \_\_\_ July 2-Aug 2
- \_\_\_ Aug 5-9
- \_\_\_ Aug 12-16

I understand that once fees have been paid, they are non-refundable. The D'Arezzo Center SBCE agrees to reimburse all fees paid pro-rata to unused days if the program is closed for any reason.

Signed,

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(Parent/Guardian 1)

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Date

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(Parent/Guardian 2)

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Date