



# 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 2022 (check the week(s) below:

- \_\_\_ June 6
- \_\_\_ June 13
- \_\_\_ June 20
- \_\_\_ June 27
- \_\_\_ July 5 (Tues-Friday)
- \_\_\_ July 11
- \_\_\_ July 18
- \_\_\_ July 25
- \_\_\_ August 1

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