



# ART/ENRICHMENT STUDENT APPLICATION

Today's Date: \_\_\_\_\_

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Female  Male

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

## PARENT INFORMATION

Mother/Guardian's Name: \_\_\_\_\_

Home Address

*(If different from student's):* \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Home Address

*(If different from student's):* \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**AUTHORIZED FOR PICK-UP**

Please list below anyone who is authorized to pick up your child. Note that Brainworks Learning Lab will only release students to authorized persons on this list.

NAME	RELATIONSHIP	PHONE NUMBER

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Please indicate below any medical condition, allergy, etc that your child may have:

---

---

---

---