



KALAVESHI ARTS
studio/gallery

Summer Art Classes 2026 - Student Registration Form

Student Details

- Full Name & Age: _____
- Home Address: _____

Parent/Guardian Contact Information

- Name & Phone Number: _____
- Name & Phone Number: _____

Emergency Contacts (Other than Parents/Guardians)

- Emergency Contact #1 & Phone Number: _____
- Emergency Contact #2 & Phone Number: _____

Media Release Authorization

(Please select one option and sign below)

- ☐ I GRANT permission for KALAVESHI ARTS to use photographs of my child in promotional materials, both print and digital.
- ☐ I DO NOT GRANT permission for KALAVESHI ARTS to use photographs of my child in promotional materials.

Parent/Guardian Signature _____ Date: _____

Authorized Pick-Up List For security reasons, camp staff will verify authorized pick-ups. If someone other than the individuals listed below will pick up your child, a signed note with the individual's name and date(s) of authorization is required.

Individuals permitted to pick up your child:

1. Name & Relationship: _____
2. Name & Relationship: _____

Health & Additional Information

- Does your child have any allergies? _____
- Is there anything else we should know to ensure your child has the best experience?

Thank you for filling out this form!