

The Roycroft Campus Corporation

Request for important information on your child enrolled in an artisan class or workshop.
Please print clearly, complete the entire form, sign, date and return.

Full Name of Child _____ Male or Female

Age _____ Date of Birth _____ Home Phone _____

Address _____ City _____ Zip _____

E-mail address to use for class correspondence: _____

Class or Workshop your child is enrolling in: _____

Child lives with: (circle one) Mother Father Both Parents Other: _____

Father's Name _____ Cell # _____

Place of Employment _____ Work Phone _____

Mother's Name _____ Cell # _____

Place of Employment _____ Work Phone _____

Physician to be called in case of emergency:

Name _____ Phone _____

If parent is unavailable please contact (name & phone) in case emergency:

Name _____ Phone _____ Relation _____

Health Insurance Company: _____

Please indicate any MEDICATION, RECENT ILLNESSES, ALLERGIES, or PHYSICAL CONDITIONS of this child that should be brought to the attention of the staff:

As parent or legal guardian of the child named above, I release the Roycroft Campus Corporation and any of its staff or instructors from any responsibility or liability in connection with this activity.

Parent or Legal Guardian Signature _____

Print Name _____ Today's Date _____

Please return this form to: Roycroft Campus Corp., 31 South Grove, East Aurora, NY 14052
This form must be on file before a person 18 years old or under participates in any RCC class/workshop