

# School of Art + Design at Montgomery College

## Emergency Contact Information

This form must be completed for all students ages 17 and under and is considered part of registration for adult and pre-college classes.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Class student is taking \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Allergies (including medications) \_\_\_\_\_

Physical Restrictions (for example: may not go outside) \_\_\_\_\_

Current Medications \_\_\_\_\_

Please write here strategies that have proven to be effective in working with your child in an educational setting. Attach parts of your child's learning plan, if appropriate.

I have read the brochure carefully and understand fully the Liability, Payment, and Student Conduct Policies.

Parent's/Guardian's Name \_\_\_\_\_

Printed

Signature

Date

**FAX** this form to 240-567-5820 or

**MAIL** this form to: **School of Art + Design at Montgomery College**

7600 Takoma Avenue, CF 120

Takoma Park, MD 20912

Web site: [www.montgomerycollege.edu/schoolofartanddesign](http://www.montgomerycollege.edu/schoolofartanddesign)

For more information call 240-567-5821 or e-mail [belva.hill@montgomerycollege.edu](mailto:belva.hill@montgomerycollege.edu)