

# School of Art + Design at Montgomery College

## Classes for Children and Teens Emergency Contact Information Complete one form for each child

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

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

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

**Note:** Bring this form to your child's first class or mail to

**Classes for Children and Teens**  
School of Art + Design at Montgomery College  
10500 Georgia Avenue  
Silver Spring, MD 20902

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

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